

**“EFFECTIVENESS OF WRITING THERAPY ON ANXIETY  
AMONG DIFFERENTLY ABLED ADOLESCENTS  
AT A SELECTED SPECIAL SCHOOL,  
COIMBATORE”.**

**BY**

**Reg. No: 301417801**



**A DISSERTATION SUBMITTED TO THE TAMILNADU  
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FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER  
OF SCIENCE IN NURSING**

**BRANCH II - CHILD HEALTH NURSING**

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## **CERTIFICATE**

Certified that this is the bonafide work of **Ms. MANIMEGALAI.B**, final year M.Sc (Nursing) student of Kongunadu College of Nursing, Coimbatore, submitted in partial fulfillment of the Degree of Master of Science in Nursing to The Tamil Nadu Dr.M.G.R. Medical University, Chennai under the Registration No: **301417801**.

**College Seal:**

**Signature of Principal: .....**

**Prof. Mrs. K. PAPPATHI, M.Sc (N),  
Principal,  
Kongunadu College of Nursing,  
Coimbatore.**

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**Approved by the Dissertation Committee On: 11.8.2015**

**Signature of the Research Advisor: .....**

**Mrs. R.KALAISELVI, M.Sc (N),  
HOD of Mental Health Nursing,  
Kongunadu College of Nursing,  
Coimbatore.**

**Signature of the Clinical Specialty Guide: .....**

**Mrs. L. PARIMALA DEVI, M.Sc (N),  
HOD of Child Health Nursing,  
Kongunadu College of Nursing,  
Coimbatore.**

**Signature of the Medical Expert: .....**

**Dr. M. DINESH M.D., Pediatrics,  
Consultant Pediatrician,  
Kongunadu Hospital Pvt. Ltd.,  
Coimbatore.**

.....

**Signature of the External  
Examiner with Date**

.....

**Signature of the Internal  
Examiner with Date**

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## ABSTRACT

A Pre experimental study was conducted to evaluate the Effectiveness of Writing therapy on anxiety among 30 differently abled adolescents by using purposive sampling technique at Amrit Special School, Coimbatore. Zung Self Rating Anxiety Scale (1997) was used to assess the level of anxiety and writing therapy was implemented in the form of dig wide-dig deep exercise, expressive writing and answering to writing the prompt questions, daily with the duration of 30-40 minutes per group for 15 sessions.

Among 30 samples, similar percentage (40%) of the samples were in the age group of 13-14 years and 15-16 years, male (76.67%), Primary education (53.33%), sample's father(43.33%) and mother (46.66%) had higher secondary education, Highest percentage of the sample's father (43.33%) were self employee, mother(46.67%) were homemaker. Most of the samples (86.67%) were living in urban area, Family monthly income (53.33%) Rs.5000/-Rs.10000/- Majority of the samples (66.67%) was first child and had one sibling (66.67%). Majority of the samples (66.67%) had disability due to congenital causes, similar percentage (43.33%) of the samples were affected with one leg and both legs. Almost all the samples (93.33%) had no family history of disability and were day scholars (83.33%).

In pretest, among 30 samples 90% had marked to severe level of anxiety and 10% had mild to moderate level anxiety. In post test 63.33% samples had mild to moderate anxiety whereas 20% had normal range and least percentage (16.67%) of the samples had marked to severe level of anxiety. The paired 't' test value ( $t=14.5$ ) showed highly significant at  $p \leq 0.01$ . It indicates that writing therapy was effective in reducing the level of anxiety among differently abled adolescents. There was significant association found between the level of anxiety and education of mother, occupation of father and day scholar except for the other demographic variables.

Writing therapy could potentially be a cheap and easily accessible option to improve both physical and psychological health among various populations that would require minimal input from health care professionals.

# CHAPTER-I

## INTRODUCTION

*Free the child's potential, and you will transform him into the world*

*-Maria Montessori*

According to **Price and Gwin (2012)** the term adolescence comes from the word “adolescere” meaning “to grow up”. Adolescence is the period of life that begins with the appearance of secondary sex characteristics and ends with cessation of growth and achievement of emotional maturity.

According to **Parul dutta (2014)** Adolescence is a distinct developmental period characterized by significant changes in hormones, brain, physical development, emotions, cognition and interpersonal relationships.

Adolescence is often divided into early, middle and late periods. Perhaps one of the most characteristics features of adolescence is its uncertainty. In our culture, it is a period of life that lasts a comparatively long time and involves a great number of adjustments.

Numerous factors also account for the restlessness of youth. Adolescent bodies are rapidly changing, and they experience intense sexual drives. They want to be accepted by society but are not sure how to go about it.

Adolescents question life and search to find what psychologists term as their sense of identity. “Who am I?” “What do I want?” Gaining an understanding of self-concept is an important aspect of adolescence. This sense of identity is followed by the intimacy stage in which teenagers must learn to avoid emotional isolation.

According to **Indrajit Upadhyay(1999)** Adolescents share activities such as sports, close friendships and sexual experiences. They must face their fear of rejection. The older adolescent thinks about the future and generally idealistic. This age also brings about an increased sophistication in moral reasoning, Thinking also has evolved to abstract reasoning.

According to **Indrajit Upadhyay(1999)**The special needs of adolescents include independence, status or worth, satisfaction of philosophy of life, appropriate orientation about sex and sexuality, guidance for selection vocation or carrier, morality etc., They also need affection, encouragement, appreciation, trust along with other emotional and physical demands.

According to **Indrajit Upadhyay(1999)**They may feel sometimes confused, insecurity, anxious, disoriented, isolated, worried, rigid and less happy. These emotion fluctuates and subject to turbulent and unpredictable behavior. They are extremely sensitive to feeling and behavior. Due to Inadequate fulfillment of needs and deprivation in various aspects, adolescents are vulnerable to different problems.

According to **Indrajit Upadhyay(1999)**Problems of adolescents include physical problems, psychological problems and sexual problems. In this physical

problems are nutritional problems, Infection, Menstrual problems, Diseases etc., Psychological problems or Emotional problems includes anxiety, hypersensitivity, moodiness, immaturity, withdrawal, mal adjustment etc.. Sexual problems are premarital sex, Unsafe sex, teenage pregnancy and homosexuality etc...

**WHO(2013)** states that the world's adolescent population was 1200 million persons in the age group of 10-19 years.

**Bolt and Jejeeboy (2000)** Adolescents represent a significant proportion of the south Asian population, adolescents between the ages of 12-19 years comprise over one fifth of south Asia's large population.

**United nation (2011 )**Adolescent aged 13 to 19 years consist of 23% in India.Approximately 10% of the world population is disabled adolescents. In India, it is estimated that out of the 100 population, 8 to 9 people live with disabilities. Among them nearly 17% of population consists of adolescents.

According to **WHO (2013)**,the sequence of events leading to disability and handicapped conditions are injury or disease this leads to impairment, disability and handicap.

According to **Paruldutta(2014)** Impairment defined as any loss or abnormality of psychological or anatomical structure or functions. It includes loss of vision, loss of hearing etc...

According to **Achar's(2012)**,Disability is defined as any restriction or lack of ability to perform an activity in the manner or within the manner or within the range considered as normal for a human being.

According to **Sreevani(2013)** handicap is defined as an individual resulting from impairment or a disability that limits and prevents the fulfillment of a role which is normal for that individual, depending on age, sex, social and cultural factors.

Physically handicapped groups include the children with blindness, deaf and dumb, congenital malformations like cleft lip, cleft palate, club foot, congenital heart disease, post-polio residual paralysis, leprosy, accidents, burns injury etc... Also leads to physically handicapped conditions. The most important causes of physical handicaps are birth defect, malnutrition, Infections and accidents, congenital anomalies, genetic disorders and socio cultural factors.

Physically handicapped children are facing the problems like maternal deprivation, lack of interest to do the activities, lack of personality, depression, anxiety, stress, low self-esteem, lack of education and lack of tender loving care.

According to **Sreevani(2013)** Anxiety is a normal phenomenon, which is characterized by a state of apprehension or uneasiness arising out of anticipation of danger. Normal anxiety becomes pathological when it causes significant subject distress and impairment of functioning of the individual.

According to **S.M.Raju(2009)**, Anxiety refers to the feeling of apprehension, uneasiness, and uncertainty resulting from a real or a perceived threat whose actual source is unknown.

According to **K.Lalitha (2006)**, Anxiety a normal human emotion it is experienced in varying degrees as a state of emotional or physical uneasiness.



Excessive anxiety occurs in response to an actual or actual or anticipated situation or as a psychological state.

The common causes of anxiety are genetic causes, biochemical factors includes alteration in Gamma Amino Butyric Acid levels (GABA), painful stimulus, negative thoughts.

According to **Hazra(2003)**The clinical features of the anxiety includes psychological and physical symptoms.Physical symptoms of anxiety includes dry mouth, difficulty in swallowing, epigastria discomfort, constriction in the chest, over breathing, palpitations, frequency and urgent micturition, failure of erection, menstrual discomfort, tremor, dizziness, headache, insomnia and night terror etc..

Psychological symptoms of anxiety includes fearful anticipation, irritability, sensitivity to noise, restlessness, poor concentration, depression worrying thoughts and apprehension.

**J.H.Kamphuis (2009)** conducted a study on Anxiety among disabled and Non-disabled adolescents,atSouth-Western States of Nigeria.The descriptive and survey designs were used for this study. 186 participants comprising of 100 disabled and 86 non-disabled participated in this study. Purposive sampling technique was used to select the participants.Two instruments namely Manifest Need Questionnaire (MNQ) and Index of Anxiety were used to generate data for this study. In this study findings revealed that among 100 disabled 82(82%) had severe anxiety and 18(18%) had moderate anxiety levels. Out of 86 non-disabled samples 78(90.6%) had normal anxiety and 8 (9.4%) had mild anxiety levels. The t-test for independent groups and multiple regression analysis were used to test the four hypotheses of this study. The

result concluded that, Non-disabled participants will have less anxiety than disabled participants. Based on the results of this study, it was recommended that programs are needed to reduce the anxiety of disabled.

There are several therapies are available to reduce the anxiety such as behavior therapy, cognitive therapy, biblio therapy, music therapy, writing therapy, complementary therapies include yoga and hypnosis.

Writing therapy was founded by Dr.Pannebaker in 1970, which helps to regulate emotions in a healthy manner. It is the healthier way to improve relationships. The writing would facilitate social interaction as well as improving positive moods and reducing tension and fatigue.

**S.Ganeshkumar, Journal of medicine and primary care (2012)** report that research on disability burden, appropriate intervention strategies and their implementation to the present context in India is a big challenge. There is a need to strengthen health care and service to conduct more research on disability.

Nursing personnel play a vital role to assist the family members to cope with the crisis situation for the handicapped condition. Planning and providing care to the handicapped children in health care institutions and community are important nursing responsibilities including parental involvement and community participation. Assisting the family to strengthen effective relationship and bondage to prevent children from becoming socially handicapped.

## **NEED FOR THE STUDY:**

Disability is an important public health problem especially in developing countries like India. The problem will increase in future because of increase in trend of non-communicable diseases and change in age structure with an increase in life expectancy.

Approximately 10% of the world population is disabled adolescents. In India, it is estimated that out of the 100 population, 8 to 9 people live with disabilities. Among them nearly 17% of population consists of adolescents.

Anxiety is a common phenomenon among differently abled adolescents and is an emotional state characterized by feelings of tension, nervousness, worry, apprehension and with heightened activity of the autonomic nervous system.

Anxiety is one of the most common psychological disorders in children worldwide. The prevalence rates range from 4% to 25%, with an average rate of 8%.

Anxiety reactions are common to situations perceived as threatening. However, excessive anxiety may paralyze an individual. Numerous studies have found increased anxiety causes physiological changes including increased respirations and heart rate, and decreased peripheral skin temperature.

Child anxiety may affect the parent and the entire family. It may break the relationship of the entire family. Sometimes this type of anxiety may affect the society and leads to stress, relationship difficulties, aggressive behavior, social

phobia and lack of interest in enjoyable activities. These factors may adversely affect the child's performance at various levels.

Writing therapy is a form of expressive therapy that uses the act of writing and processing the written word as therapy.

Writing therapy can lead to a reduction in stress, anxiety, better sleep, a strong system, improved relationships, better academic results, improved performance at work and even a better memory.

Writing therapy has been used effectively to help people with a number of physical and emotional problems, life threatening illness such as cancer, chronic conditions such as asthma and rheumatoid arthritis, drug and alcoholic addictions, eating disorders and trauma. It has also been shown to be beneficial for combating low self-esteem, depression, anxiety, stress related ailments.

**S.A.Ancy and Subhala(2015)** conducted a study to evaluate the effectiveness of writing therapy on anxiety among physically challenged adolescents at selected homes at Bangalore. The design adopted was quasi experimental nonequivalent control group pretest posttest design was adapted to this study. The level of anxiety was assessed by four point rating scale structured questionnaire schedule. Writing therapy was administered 24 consecutive days. The findings revealed that, during pretest in study group 11(56.67%) had mild anxiety, 17(36.67%) with moderate anxiety 2(6.66%) with severe anxiety .During posttest in study group 11(56.67%) had normal anxiety, 17(36.67%) with mild anxiety 2(6.66%) with severe anxiety. In Control group 16(53.34%) with mild anxiety, 13(43.33%) with moderate anxiety and 1(3.33%) had severe anxiety. Paired "t" test shows that there was significant

difference in the pretest and posttest level of anxiety in study group and control group. The result supported that the fact that writing therapy was effective in reducing anxiety among the physically challenged adolescents.

The handicapped child needs to be trained for an independent living with special training and education. Nurses are responsible for creation of awareness in the society about the prevention of handicaps, the abilities of the child with a handicap condition and the potentialities present in him/her. Nursing management should emphasize on three levels of prevention of handicapped individual. Nurses are also contributing in the special care settings for the handicapped children to bring them as close to normality as possible, physically, mentally and socially.

Writing therapy is a great tool for bettering life of differently abled adolescents, achieving success and learns more about themselves on a deeper soul level. Writing therapy is used both in the clinical setting by trained professional and in more personal forms. Participants are encouraged to write about their “deepest thoughts and feelings” regarding a particular subject includes their illness, recent loss, and life transition.

When the investigator went to the physically rehabilitation centre during the field visit, found lot of adolescents with Anxiety. Writing therapy can be implemented easily and it is a noninvasive technique and also cost effective technique for all age group. Very limited study was conducted in writing therapy. So, the researcher was interested to conduct study on this topic.

## **STATEMENT OF THE PROBLEM**

***“A STUDY TO EVALUATE THE EFFECTIVENESS OF WRITING THERAPY ON***

***ANXIETY AMONG DIFFERENTLY ABLED ADOLESCENTS AT A SELECTED SPECIAL SCHOOL, COIMBATORE”***

**OBJECTIVES**

- ❖ To assess the level of anxiety among differently abled adolescents.
- ❖ To evaluate the effectiveness of writing therapy on the level of anxiety among differently abled adolescents.
- ❖ To find out the association between the level of anxiety among differently abled adolescents and their selected demographic variables.

**OPERATIONAL DEFINITIONS**

***Effectiveness***

It refers to the extent to which the writing therapy has shown difference in the mean pretest and posttest level of anxiety among differently abled adolescents, which is statistically significant.

***Anxiety***

It refers to feeling of uneasiness and fear due to threatening situations, negative and irrational thinking which causes problems in physical and psychological functioning among differently abled adolescents which is assessed by Zung Self Rating Anxiety Scale and its scores.

***Writing therapy***

It refers to a way of expressing the innermost hidden feelings, negative thoughts through writing in words not considering any grammar mistakes which includes dig wide-dig deep exercise, expressive writing and answering to write the prompt questions is implemented daily with the duration of 60 minutes/group for 15 sessions.

### ***Differently abled adolescents***

It refers to children between the age group of 13-19 years with obvious abnormality in upper and lower extremities or malfunctioning of the physical condition which makes one able to write and perform some motor activities.

### **ASSUMPTIONS**

- Differently abled adolescents may have some level of anxiety due to various factors.
- Writing therapy give chance to bring out innermost feelings related to disability.
- Writing therapy may reduce the level of anxiety in differently abled adolescents.
- Writing therapy may improve the greater psychological wellbeing among differently abled adolescents
- The level of anxiety will be influenced by their selected demographic variables.

### **HYPOTHESES**

- ❖ **H<sub>1</sub>** - There is a significant difference between mean pretest and mean posttest level of anxiety among differently abled adolescents.
- ❖ **H<sub>2</sub>** - There will be significant association between the level of anxiety among differently abled adolescents and their selected demographic variables.

## **DELIMITATIONS**

- The study is delimited to differently abled adolescents between 13-19 years.
- Data collection period is 5 weeks.
- The sample size is 30.

## **PROJECTED OUTCOME**

- ❖ The study will help to identify the level of anxiety among differently abled adolescents.
- ❖ Writing therapy will reduce the level of anxiety among differently abled adolescents.
- ❖ The findings of the study will help the health professional to gain knowledge for further research.
- ❖ Writing therapy will improve both physical, psychological health and improve the quality of life.

## **CONCEPTUAL FRAMEWORK**

The conceptual framework is the processor of theory. It provides a broad perspective for nursing practice, research and education. Conceptual framework plays several interrelated roles in the progress of science. Their overall purpose is to make scientific findings meaningful and generalizable.

**Polit and Hungler (1995)** state that, conceptual framework is interrelated concept on abstraction that is assembled together in some rational scheme by virtue of their relevance to a common theme. It is a device that helps to stimulate research and extension of knowledge by providing both direction and impetus.

The conceptual framework for the present study was adopted from Widenbach's Helping Art of Clinical Nursing Theory (1970). This theory directs action towards and explicit goal.

It consists of Central purpose and steps include Identifying a need for help,



ministering a needed help, validating that a need for help was met.

### **Central purpose**

Central purpose refers to what the nurse wants to accomplish. It is the overall goal towards which the nurse strives. It transcends the immediate intent of the task by specifically directing activities towards the objectives. In this study, central purpose refers to reduce of the level of anxiety among differently abled adolescents.

### **Step I: Identifying a need for help**

Identifying need for help determines patient's need for help based on the existence of a need. In this study the need for help was identified by assessing the demographic variables and the level of anxiety by using zung self rating anxiety scale among differently abled adolescents between 13 to 19 years before administration of writing therapy.

### **Step II: Ministering a needed help**

Ministration refers to provision of needed help. It requires an identified need and a patient who wants help. After identifying the need for help, intervention to be implemented. In this study, ministering a needed help was provided as follows,

**Agent** : Investigator.

**Recipient** : Differently abled adolescents between the age group of 13 to 19yrs.

**Goal** : To reduce the level of Anxiety.

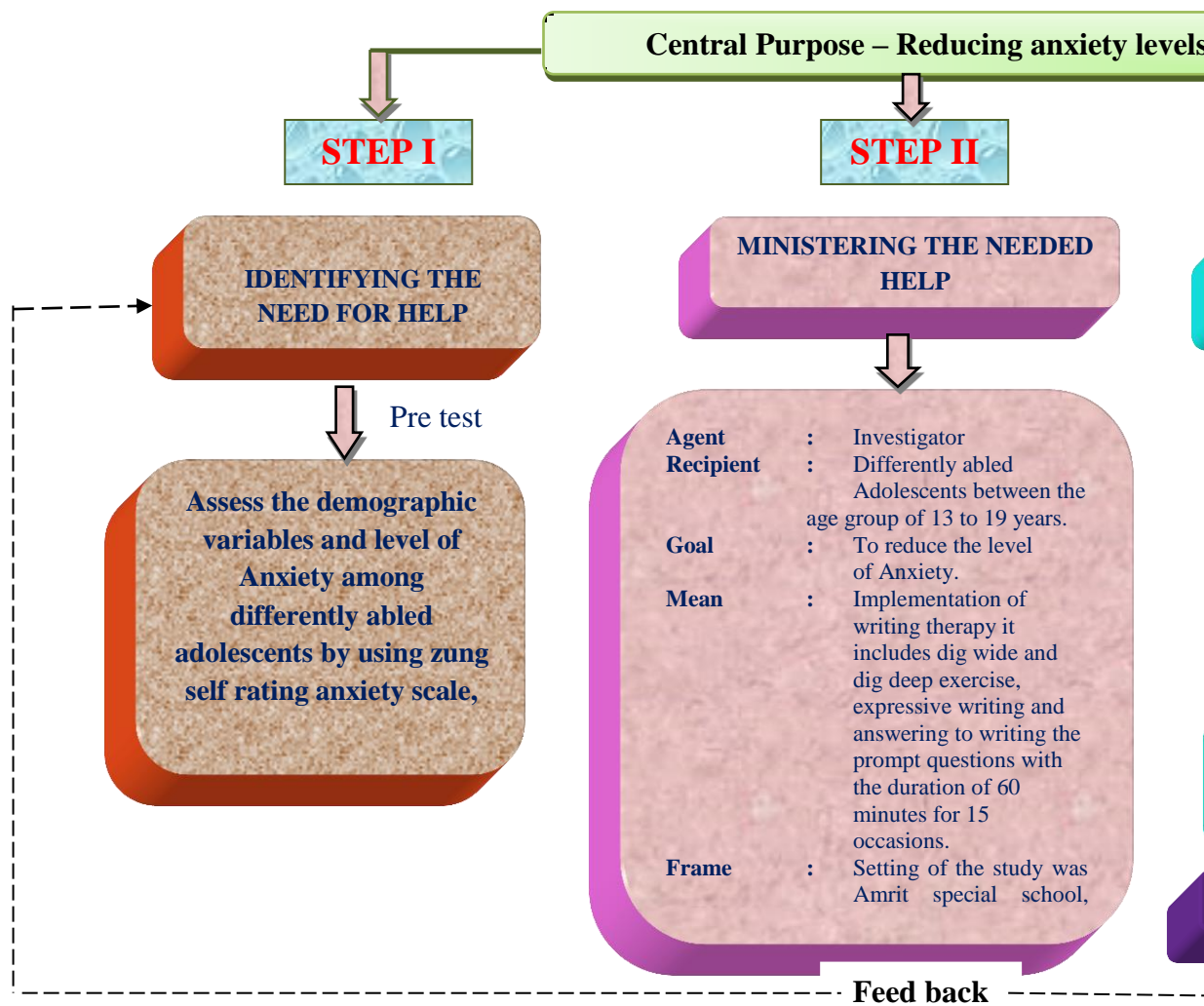
**Mean** : Writing therapy.

**Framework** : Amrit special school, Coimbatore.

### **Step III: Validating that a need for help was met**

Validation refers to collection of evidence that shows a patient's need have been met

and that his functional ability has been restored as a direct result of the nurse's actions. In this study, Evaluation is established by assessing the level of Anxiety by using zung self-rating anxiety scale after implementation of Writing therapy among differently abled adolescents.



**Fig1.1 CONCEPTUAL FRAMEWORK BASED ON MODIFIED WIDENBACH'S HELPING ART OF CLINICAL NURSING THEORY (1970)**

## **CHAPTER II**

### **REVIEW OF LITERATURE**

The review of literature is essential to all steps of the research process. It is an account of what is already known about a particular phenomenon. The main purpose of literature review is to convey to the reader about the work already done and the knowledge and ideas that have been already established on a particular topic of research. From this prospective the review is based on broad, systemic and critical collection and evaluation of the important published scholarly literature and unpublished research findings, critically reading the literature is to develop a sound study that contribute to development of knowledge in the aspect of theory, research, evaluation and practice.

According to **Polit and Hungler (2002)** review of literature is a critical summary of research on a topic of interest generally prepared to put a research problem in context to identify gaps in prior studies to justify a new investigation.

According to **S.K.Sharma (2005)** literature review is defined as a broad, comprehensive, in depth, systematic and critical review of scholarly publication, unpublished printed or audio visual materials and personal communications. In this study, the literature is classified into following headings.

**(i) Theoretical overview of Anxiety and Writing therapy.**

**(ii) Studies related to Anxiety and differently abled adolescents.**

**(iii) Studies related to Writing therapy on Anxiet**

**i) Theoretical overview of anxiety and writing therapy.**

**Thomas.J.Huberty, (2009)**states thatanxiety is a common experience for all, especially for adolescents. Often, we use terms like jittery, high strung and uptight to describe anxious feelings. At moderate levels, anxiety can be helpful because it raises our alertness to danger or signals that we need to take some action.

According to **Fox, (2005)** Anxiety is a normal development pattern that is exhibited differently as the child grows older. All of us experience anxiety at some time and cope with it well, for the most part. Some people are anxious about specific things such as speaking in public, but they are able to do well in other activities, such as social interactions. Other people may have high levels of anxiety that their overall ability to function is impaired. In these situations, counseling or other services may be needed.

**JW Pannebaker, (2002)**states thatwriting therapy is a form of expressive therapy that uses the act of writing and processing the written word as therapy. Writing therapy posits that writing one's feeling gradually eases feelings of emotional trauma.

**Norman et.al, (2001)**Writing therapy focuses on expressive writing and its value in processing life experience, particularly trauma and transition.

## **ii) Studies related to anxiety and differently abled adolescents.**

**Angela chiu, Avital Falk, John T Walkup (2015)** Conducted a study on anxiety disorders represent the most common psychiatric illnesses affecting physically challenged adolescents at Yugoslavia. Youths who suffer from anxiety disorders typically experience impairment in social, family, and educational domains of functioning. Despite the prevalence of youth anxiety disorders, identifying anxiety as the underlying cause can be a challenge. This design adopted for the study was descriptive design. 30 samples were selected through purposive sampling technique. The level of anxiety was assessed by Hamilton anxiety scale. The findings revealed that 22(73.33%) had severe anxiety, 6(20%) had moderate anxiety and 2(6.66%) had mild anxiety respectively. The result showed that physically challenged adolescents had higher anxiety levels. This study was also review the current evidence base for treatments and provides recommendations for managing refractory cases from a behavioral perspective. The scope of the review focuses on the following constellation of anxiety disorders includes separation anxiety disorder, social anxiety disorder, panic disorder, agoraphobia, specific phobia, and generalized anxiety disorder.

**Albert (2014)** conducted a pilot study to assess the school-based behavioral treatment for social anxiety among differently abled adolescents at Child Study Centre, New York University School of Medicine. Sample comprised six samples with social anxiety disorder. A 14-session group treatment programme was conducted in the school. Child

version of Anxiety Disorder Interview Schedule and Liebowitz Social Anxiety Scale for differently abled adolescents was used. The findings revealed that anxiety and avoidance ratings of 10 most feared situations significantly decreased after treatment with effect sizes of 1.5 for anxiety and 2.1 for avoidance. The result showed that out of 6 samples 5(83.33%) had severe anxiety levels, 1(16.67%) had moderate anxiety levels. The researcher concluded that there was an increased level of anxiety of differently abled adolescents. The study recommended that the professionals and school teachers need to teach about psychological disorders and management for differently abled adolescents in special schools.

**Bernald.S(2014)** Conducted a cross sectional study on the level of self-reported social anxiety in a community sample of physically challenged adolescents at Turkey. The sample included 1,713 school students aged 10- 16 from twelve schools in Kucaelo/Turkey. The samples were screened by the social anxiety scale for physically challenged adolescents. The data was assessed by generalized anxiety inventory. The findings revealed that out of 1,713 samples 1002(58.4%) samples had severe anxiety levels and 711 (41.5%) samples had moderate anxiety levels. Phobic symptoms among Turkish adolescents were more severe in boys. The study concluded that Turkish boys had higher anxiety than girls. This study recommended that professionals and teachers need to recognize school anxiety in normal adolescents.

**Ferrari AJ (2014)** conducted a study to assess perceived anxiety in physically challenged fathers and mothers of 628 mentally challenged individuals at Karnataka. The purpose of the study was assessing the anxiety level of physically challenged fathers and mothers. Family Interview for anxiety and Coping in physical disability and behavior disorder, Basic rating scales were used. The study adopted the pre experimental design. Purposive sampling technique was used in this study. The results revealed that mothers reported higher anxiety compared to fathers, the difference being significant at  $P= 0.001$  levels. Mothers report higher anxiety and in the area of financial stress, both fathers and mothers reported equal levels of anxiety. Higher levels of behavior disorder were noticed in lower age of the physically challenged parents, and lower income of the family are associated with higher anxiety. This study was recommended for assess the stress and anxiety level of mentally challenged children of parents.

**White ford HA (2014)** conducted a descriptive study on anxiety among disabled children in special schools in Kerala. The purpose of the study was to assess the anxiety level of disabled children. The design was adopted descriptive pretest posttest only design. 60 samples were selected through purposive sampling technique without replacement by using lottery method. Anxiety level was assessed using the local language version as Questionnaire on Resources and Anxiety (QRA) and the data was analyzed. The findings revealed that mean anxiety experienced by disabled children aged between 3-6 years was 22.94 and that of 7-11 aged



groups was 22.46. Independent “t” test showed that there was no statistically significant difference in the severity of anxiety experienced by disabled children. This study concluded that all physically children had high anxiety levels. This study was recommended that assess the quality of life among mothers who had disabled children.

**Christopher Hall (2013)** conducted a randomized controlled study to assess universal based prevention of syndrome and sub syndrome social anxiety among a population of physically disabled adolescents at selected homes at Mumbai. The design adopted was descriptive one group pretest and posttest design. 100 samples were selected through purposive sampling technique. The level of anxiety was assessed by structured interview schedule. The findings revealed that during pretest 85(85%), 15(15%) of physically disabled adolescents had moderate and severe anxiety respectively. The results indicated that syndrome social anxiety had a significant specific intervention effect for reducing social anxiety in the total samples as well as among syndrome subjects. This study recommended that all adolescents especially with anxiety consulting medical professionals should be screened for syndrome social anxiety and treated.

**Holly.E.Brisbane (2012)** conducted a study on correlates and consequences of early appearing social anxiety in disabled children at selected homes at Germany. 178 elementary school disabled children was selected as a population. The sample was selected by simple random

sampling technique. Children were individually administered the Social Anxiety Scale for Children-Revised (SASC-R), as well as measures of socio-emotional adjustment. The findings revealed that 155(87%) had severe social anxiety levels, 23(13%) had moderate social anxiety levels. The study concluded that social anxiety was positively associated with self-reported loneliness, school avoidance, and internalizing coping, and negatively related to school liking.

**Emma, R. Campbell (2011)** conducted a study on generalized anxiety among disabled children during adolescence to assess there was an increase in distress and avoidance at selected special homes at Kolkata. The aim of the study was to assess the generalized anxiety disorders in disabled boys in special homes. A community sample of 260 disabled adolescents with 11-19 year old boys was selected by using lottery method. The data was completed a questionnaire derived from the Anxiety Disorders Interview Schedule for Disabled Children (ADIS-D-C). The findings revealed that 212(81.5%), 32(12.3%) and 16(6.2%) samples had severe, moderate and mild anxiety respectively. The study concluded that an age related increase for formal speaking and interaction situations in both avoidance and distress, with a stronger increase in avoidance than in distress. The study was recommended that the same pattern was found for girls for situations regarding observation by others.

**Erskine HE (2012)** conducted a study on anxiety and quality of life in 107 mothers of disabled children at Kerala. The samples were selected

by using purposive sampling technique. The purpose of the study was assessing the quality of life among mothers of disabled children. The data was collected by State Trait Anxiety Inventory (STAI) and Nottingham Health Profile's (NHP). The findings revealed that the mean score on the NHP was 14.22 and STAI was 47.27. There was a significant correlation between NHP and STAI ( $r: 0.348, p: 0.01$ ). The study results showed that there was a significant correlation between STAI and Emotional response ( $r: 0.271, p: 0.01$ ) Energy level ( $r: 0.206, p: 0.05$ ) sleep ( $r: 0.252, p: 0.01$ ) of NHP. There was a significant correlation between mother's education level and STAI ( $r:-0.209, p: 0.05$ ) and there was a significant correlation between mother's education level and NHP ( $r: 0.240, p: 0.05$ ). Therefore the study concluded that increased anxiety level affects badly mother's quality of life. This study also recommended that assess the quality of life among fathers of disabled children and also provide awareness about disabled children.

**Klassen AF(2012)** conducted a comparative study on association of anxiety in mothers of disabled children with the child's participation in integrated education at Kolkata. The objective of the study was to measure anxiety among mothers of disabled children. 59 mothers of children with disabilities who participated in integrated education and 67 mothers of children with disabilities who did not participate in integrated education were included in the study. They used Beck Anxiety Inventory and General Information Forms. The findings revealed that 55(82%) mothers

had severe level of anxiety, 12(18%) had moderate level of anxiety levels. The results revealed that anxiety in mothers of children with disabilities who did not participate in integrated education was higher than in mothers of children with disabilities who participated in integrated education. This study recommended that the same integrated section will be conducted for fathers of disabled children.

### **(iii) Studies related to Anxiety and Writing therapy.**

**K.Nandhini (2015)** conducted a study to evaluate the effectiveness writing therapy on anxiety among adolescents at selected schools at Bangalore. The design adopted was true experimental pretest posttest control group design. 60 samples were selected through simple random sampling technique without replacement by using lottery method. The level of anxiety was assessed by four point rating scale through structured interview schedule. Writing therapy was administered to experimental group for 21 consecutive days. The findings revealed that during pretest in experimental group 28(93.33%), 2(6.67%) of adolescents had moderate and severe anxiety respectively, where as in control group, 13(43.33%) and 17(56.67%) of them had moderate and severe anxiety respectively. During posttest in experimental group all the samples 30 (100%) had moderate anxiety where as in control group, 14 (46.67%) and 16(53.33%) had moderate and severe anxiety respectively. The posttest mean difference in the level of anxiety between the experimental group and control group was 21.6 and the estimated “t” value 8.14 was most significantly higher than the table value 2.75 at  $p \leq 0.01$  levels. Hence

hypothesis H1 was retained, which shows that the writing therapy was effective in reducing the anxiety.

**Maureen Lowery (2015)** conducted a study to evaluate the effectiveness of writing therapy on anxiety among physically challenged adolescents at selected homes at Bangalore. The design adopted was quasi experimental nonequivalent control group pretest posttest design. The level of anxiety was assessed by four point rating scale structured questionnaire schedule. Writing therapy was administered 24 consecutive days. The findings revealed that, during pretest in study group 11(56.67%) had mild anxiety, 17(36.67%) with moderate anxiety 2(6.66%) with severe anxiety. During posttest in study group 11(56.67%) had normal anxiety, 17(36.67%) with mild anxiety 2(6.66%) with severe anxiety. In Control group 16(53.34%) with mild anxiety, 13(43.33%) with moderate anxiety and 1(3.33%) had severe anxiety. Paired “t” test shows that there was significant difference in the pretest and posttest level of anxiety in study group and control group. The result supported that the writing therapy was effective in reducing anxiety among the physically challenged adolescents.

**Purim Berwick (2014)** conducted an experimental study on writing therapy in Kolkata for reducing childhood anxiety disorders among disabled children using written materials. 216 clinically anxious disabled children aged 13-19 years and their parents were randomly allocated for

treatment. The 40 participants were randomly allotted in two groups, one receiving writing therapy and others not. Anxiety was assessed before and after the writing therapy intervention, which took the form of a cognitive-behavioral self-help tool for health anxiety sufferers. The study revealed that in around 15% of children being free of an anxiety disorder diagnosis after 12 and 24 days. The study concluded that patients in the writing therapy group showed reduced levels of anxiety at post-test. This study was recommended that the professionals and teachers need to improve the writing skills in special schools.

**J.Pizarro (2014)** conducted a study on writing therapy on social anxiety among school going children at selected schools, Karnataka. The aim of the study was evaluate the effectiveness of writing therapy among school going children on anxiety. The study adopted true experimental research design. In this study 60 samples were selected by using purposive sampling technique. The findings revealed that 53(88%), 7(12%) had severe and moderate anxiety respectively. After that writing therapy was administered to samples the anxiety level was reduced. Children's literature is a therapeutic tool for facilitating emotional growth and healing. Stories provide a catalyst for change, providing children with other perspectives and options for thoughts, feelings and behaviors. Appropriately shared stories provide opportunities for children to gain insight and learn healthier ways to face difficulties. The study concluded that writing therapy was effective on reducing emotional problems especially in anxiety. This study recommended that evaluate the

effectiveness of writing therapy on stress and other emotional problems among adolescents at other settings.

**J.Sterner, M.Hall (2014)** conducted a study to assess that writing stories can be used to help children cope with reducing anxiety at selected hospitals, Bangalore. 40 samples were selected through purposive sampling technique. The samples were divided into two groups. 20 samples are included in experimental group and other 20 samples were included in control group. The data was collected by using generalised anxiety inventory through structured interview schedule. The findings revealed that during pre-test in experimental group 18(90%), 2(10%) of children had severe and moderate anxiety respectively where as in control group, 13(65%) and 7(35%) of them had moderate and severe anxiety respectively. During post-test in experimental group 8(40%), 12(60%) samples had moderate and mild anxiety respectively and where as in control group, 6(30%) and 14(70%) had moderate and mild anxiety respectively. Stories with appropriate symbolic themes are readily available in children's literature. Individuals without special training in counselling or emotional support of children can quickly learn to use these stories effectively. The study concluded that writing therapy was effective to reduce the anxiety levels and parents can be especially effective writers because this role reinforces their natural supportive relationship with their child. This study recommended that evaluate the effectiveness of writing therapy on other emotional problems like stress, fearful situations etc...

**JK.Kiecolt-Glaser (2014)** conducted a study to examine the effect of group writing therapy on the anxieties of children in grades one, two, and three at selected schools, Bangalore. The total sample contained 295 students selected by using convenient sampling technique. Treatments were randomly assigned to the groups. Control Group I received no experimental treatment. Control Group II received non writing therapeutic treatment. The Experimental Group received writing therapeutic treatment. All children participating in the study were administered a pre-test. The instrument used was Sarason's General Anxiety Scale for Children. Each group was to write three appropriate books by the investigator each session for ten sessions. Immediately following the five-week experimental period, a post test was administered to all the children. The study concluded that writing therapeutic books lessened their anxieties.

**J.Wright (2013)** conducted a study to evaluate the efficacy of writing therapy on anxiety in clinical settings at Kerala. The samples were selected by using simple random sampling technique. The aim of the study was reducing anxiety levels by using writing therapy. The participants interviewed for the study varied in terms of their gender (7 men; 6 women), and their age (mean = 41.5 years; age range = 27 – 64 years). The findings revealed that 7 (100%) men samples had severe anxiety, 5(83%) women samples had severe anxiety and 1(7%) had moderate anxiety levels. The writing therapy was administered for both men and women for 21 days. After that in men 5 (71%), 2(29%) had normal anxiety levels and mild anxiety levels respectively. The study results concluded that writing



therapy was a therapeutic technique of significant potential within a clinical setting on anxiety. This study recommended that writing therapy was implemented in other settings like community.

**Maningham.AJ (2012)** conducted an experimental study to evaluate the effectiveness of writing therapy on patients with mild to moderate anxiety in primary care at Kolkata. The samples were selected through simple random sampling technique. This study adopted the true experimental design. 100 samples were selected and divided into two groups randomly. Pretest was conducted for two groups at the same day. Non-parametric statistical testing of scores from the Zung Anxiety Scale and the Clinical Outcomes in Routine Evaluation (CORE) questionnaire indicated positive results. The result showed that 78(78%) had severe anxiety levels and 22(22%) had moderate anxiety levels. Writing therapy was administered for one group and another not. There was significant improvement at post-treatment. The results showed from this trial indicate that it was an effective treatment for managing and treating anxiety in primary care through writing therapy. This study recommended that to evaluate the effectiveness of writing therapy on to manage other psychiatric illness in various settings.

**MO Connor, S.Nikoletti (2012)** conducted an experimental study to evaluate the effectiveness of writing therapy on phobic anxiety disorder at Kerala. The purpose of the study was reducing anxiety level and evaluates the effectiveness of writing therapy. 30 samples were selected by

using purposive sampling technique. The data was assessed by using generalized anxiety inventory (GAI). This study adopted the pre experimental design. The findings revealed that 22(73.3%), 8(26.4%) had severe and moderate anxiety levels. Writing therapy was administered to the samples. In the posttest, 12(40%), 18(60%) had moderate and mild anxiety respectively. The results showed that study suggest that writing therapy was an effective approach for treating phobic anxiety disorder. This study recommended thatthe same study can be done to find out the effectiveness of writing therapy on reducing stress level.

**LJ Murphy, DL Mitchell (2011)** conducted a study on childhood anxiety disorder at selected hospitals, Bangalore. The aim of the study was to determine the effectiveness of writing therapy on childhood anxiety. The samples were selected by using lottery method. Sixty-seven children aged 7 to 14 years were assigned to the "child anxiety only". The data was assessed by using Zung anxiety self-rating scale. The findings revealed that 58(86.5%), 9(13.5%) had severe and moderate anxiety respectively. Writing therapy was administered after assessing the anxiety level. The posttest anxiety level was 40(59.7%), 27(40.3%) had moderate and mild anxiety respectively. The result showed that the anxiety level was reduced afterthe implementation of writing therapy. The study concluded that children's anxiety reduced by the intervention of writing therapy. This study recommended that the same intervention was implemented in various age groups.

**JH Baikie(2010)** conducted a study on writing therapy in clinical practice with children on anxiety at selected schools at Kolkata. The purpose of the study was to evaluate the effectiveness of writing therapy on anxiety among school children. 80 samples were selected by using convenient sampling technique. This study adopted true experimental design. The samples were divided into two groups. 40 samples were experimental group. Another 40 samples were control group. The anxiety level was assessed by using Hamilton anxiety scale. For the both group pretest was conducted on same day. The findings revealed that during pretest in experimental group 36(90%), 4(10%) of adolescents had moderate and severe anxiety respectively where as in control group, 28(70%)and 12(30%) of them had moderate and severe anxiety respectively. During posttest in experimental group all the samples 40 (100%) had moderate anxiety where as in control group, 24 (60%) and 16(40%) had moderate and severe anxiety respectively. The posttest mean difference in the level of anxiety between the experimental group and control group was 22.6 and the estimated “t” value 7.14 was most significantly higher than the table value 2.32 at  $p \leq 0.01$  levels. The results showed that writing therapy was effective technique and this was decrease the anxiety, promote interpersonal development and for self-help treatment. The study concluded that literature can be a useful resource for helping childhood problems. By writing about other similar to them, troubled children may not feel so alone or different.

**LJ Kristianson(2009)** conducted a study on writing therapy as a self-help programed for parents of children with anxiety at selected schools, Karnataka. The purpose of the study was reducing phobic anxiety with the use of writing therapy. 60 samples were the children between 6-15years, diagnosed with Phobic anxiety disorder selected by using purposive sampling technique. The findings revealed that 46(76.6%), 14(23.4%) had moderate and severe anxiety respectively. The writing therapy was given for 3 weeks and consisted of working through a self-help book for parents. Initial clinical interviews and pre- and post-treatment evaluations were included, as well as short weekly telephone contacts with the parents. The study revealed that children's anxiety was significantly reduced during the intervention. The study concluded that parenting skills were strengthened and the satisfaction of the parents with the program was high. This study recommended that professionals and teachers should be analyzing the behavior problems of children.

## **CHAPTER III**

### **METHODOLOGY**

Methodology of research refers to investigation of way of obtaining, organizing and analyzing data. Methodological studies address the development, validation and evaluation of research tool and methods. **(Polit and Beck, 2004).**

Research methodology is the development and evaluation of data collection instrument, scale or technique. The role of methodology consists of procedure and technique for conducting a study. **(Feedith Haber, 2006)**

This chapter deals with the methodological approach of the study. The purpose of the present study is to assess the effectiveness of writing therapy on Anxiety among differently abled adolescents at a selected special school, Coimbatore.

#### **RESEARCH APPROACH**

The research approach instructs the researcher from where the data is to be collected and how to analyze the data. It also suggest possible conclusion and helps the researcher in ensuring specialist question in the most accurate and efficient way. **(Rose Grippe and Gorney Lucero, 1994).**

Quantitative evaluative approach was used to achieve the objectives of the study.

#### **RESEARCH DESIGN**

Research design is the overall plan for addressing a research

question including specification for enhancing the study's integrity. (Denise.E.Polit, 2008).

Pre- experimental research design with one group pretest and posttest method was used to conduct the present study. It can be represented as:

**O<sub>1</sub>      X      O<sub>2</sub>**

**O<sub>1</sub>** .Assessment of Anxiety before administration of writing therapy  
(pretest)

**X** - Writing therapy (Intervention)

**O<sub>2</sub>** . Assessment of Anxiety after administration of writing therapy  
(posttest)

#### **VARIABLES:**

***Independent Variable:*** Writing therapy.

***Dependent Variable:*** Anxiety.

#### **STUDY SETTING**

The study setting is the physical location in which study is conducted. (Nancy Burns and Susan .K.Groove, 2007).

Selection of the area is one of the essential steps in the research process. The selection of the school for the present study was on the basis of Availability of the subjects, Feasibility of conducting study, Economy of time and money.

The study was conducted in Amrit Special School, Coimbatore. It is located in Saibabacolony which is 3 kilometers from Kongunadu College of Nursing. This center is a non-governmental organization. Amrit Special

School total strength was 216 students. The school had the facilities like occupational therapy, school health services, self-motivation classes, Yoga classes, Music classes and Physiotherapy unit etc.,

## **POPULATION**

Population is defined as the entire aggregation of cases that meet a designed set of criteria. (**Polit and Hungler, 1999**)

### **TARGET POPULATION:**

According to **Polit and Beck(2010)**, target population is the entire population in which a researcher is interested and to which he or she would like to generalize the study results.

The target population of the present study was differently abled adolescents.

### **ACCESSIBLE POPULATION:**

According to **Polit and Beck(2010)**, accessible population is the population of people available for a particular study. Often, an random subset of the target population.

The Accessible population of the study was differently abled adolescents in the age group of 13-19 years studying at Amrit special school, Coimbatore.

## **SAMPLE AND SAMPLING**

### ***Sample***

According to **Suresh.K.Sharma(1999)** Sample is the subset of population selected to participate in a research study.

Differently abled adolescents between the age group of 13 – 19

years studying at Amrit special school that who fulfilled the inclusion criteria were selected as a sample for this study.

### ***Sampling Technique***

The sampling technique is the process of selecting a portion of the population to represent the entire population. ( **Polit and Hungler, 1999**)

The number of students present in Amrit special school was 216 students. Among 216 populations 40 were in the age group of 13-19 years. Out of 40, differently abled adolescents, 36 samples were selected by purposive sampling technique that fulfilled the inclusion criteria. Six samples were found to have normal level of anxiety. Finally 30 samples were selected to participate for the present study.

### ***Sample Size***

The sample size comprised of 30 Differently abled adolescents from Amrit special School, Coimbatore

## **CRITERIA FOR SAMPLE SELECTION**

### ***INCLUSION CRITERIA:***

Differently abled adolescents who,

- ❖ had mild to severe level of anxiety.
- ❖ had both upper and lower limb disabilities.
- ❖ were able to write.
- ❖ were willing to participate.

### ***EXCLUSION CRITERIA:***

- ❖ Adolescents with blindness and Deafness.
- ❖ Adolescents with mental sub normality.



- ❖ Adolescents those who are very sick at the time of data collection.

## **METHOD OF DATA COLLECTION**

According to **Carol.L.Macnee, (2004)**, the study methods used to collect data are intended to allow the researcher to construct a description and meaning of the variable under the study.

### **i) Tool**

In this study, Zung Self Rating Anxiety Scale (1997) was used to assess the level of anxiety among differently abled adolescents.

### **ii) Description of the tool**

The instrument consists of following sections.

#### **Section A - Demographic variables of differently abled adolescents:**

Demographic data of differently abled adolescents which consists of 15 items which includes Age, Sex, Education of child, Education of Father and Mother, Occupation of Father and Mother, Place of living, Family monthly income, Birth order, Number of siblings, Causes of defect, Number of extremities affected, Previous history of disability and Day scholar/Hosteller.

#### **Section B - Assessment of level of Anxiety among differently abled adolescents:**

Zung Self Rating Anxiety Scale (1997) consists of 20 items with 4 point rating scale was used to assess the level of anxiety among differently abled adolescents.

### iii) Scoring procedure and interpretation

The Zung Self Rating Anxiety Scale (1997) was rated as Most or all of the time, Good part of the time, Some of the time, None or a little of the time and scored as 4,3,2 and 1 respectively. Five items had reverse scoring which are 5, 9, 13, 17 and 19. Total score ranged from 20-80.

**Table No 3.1 Score interpretation**

LEVEL OF ANXIETY	SCORE	PERCENTAGE
Normal range	20-44	25-55%
Mild to moderate	45-59	56-74%
Marked to severe	60-74	75-92%
Extreme level	75-80	93-100%

### **ETHICAL CONSIDERATION**

Prior permission was obtained from the administrator of Amrit special school. Verbal consent was obtained from the samples to collect the data and assurance was given for the confidentiality of the information given by the samples.

### **CONTENT VALIDITY**

According to **Polit and Beck (2010)** validity is a quality criterion referring to the degree to which interferences made in a study are accurate

and well founded in measurement, the degree to which an instrument measures what it is intended to measure.

Validity is the most important simple methodological criteria for evaluating any measuring instrument. Four experts from the field of child health Nursing and one psychiatrist examined the tool for its relevancy and accuracy. Corrections in demographic variables of differently abled adolescents were incorporated based on the expert's opinion.

## **PILOT STUDY**

According to **Suresh.K.Sharma (2013)**, Pilot study is the miniature trial run of the methodology planned for the major research study.

After obtaining permission from the administrator, Asirwath special school Coimbatore. Pilot study was conducted in the month of January 2016. The total strength of Asirwadh special school was 22. Out of 22, 12 differently abled adolescents were in the age in the group of 13-19 years whereas six samples were selected by using purposive sampling technique that fulfilled the inclusion criteria. On 1<sup>st</sup> day Zung self-rating anxiety scale was administered to assess the pretest level of anxiety among differently abled adolescents. After pretest, writing therapy was implemented by using the technique of dig wide- dig deep exercise, expressive writing and answering the prompt questions for 3 consecutive days respectively. The duration of the intervention was 60 minutes. On 5th day post test was conducted with same scale to assess the level of anxiety

among samples. The study was found to be feasible.

#### **DATA COLLECTION PROCEDURE**

The investigator obtained written permission from the administrator of Amrit special school, Coimbatore to conduct the study. Data was collected during the month of March 2016. Verbal consent was obtained from the samples after explaining the purpose of the study. Purposive sampling technique was used to select 30 samples. The pretest was conducted by using Zung self-rating anxiety scale among 36 differently abled adolescents to assess the level of anxiety. The investigator spends 3 days for selection of samples and pretest. The samples were divided into 3 groups. The samples were gathered in a class room as a group and each technique was implemented for 1 week with the duration of 60 minutes / group. Writing therapy was implemented daily for 3 weeks by the following schedule. Posttest was done on 30th day after implementing Writing therapy.

**Table no: 3.2- INTERVENTION SCHEDULE**

Groups	1 <sup>st</sup> week/ 7.3.16- 11.3.16	2 <sup>nd</sup> week/ 14.3.16-18.3.16	3 <sup>rd</sup> week/ 21.3.16-25.3.16
Group I(10)	Dig deep andDig wide exercise	Expressive writing	Answering to writing the prompt questions
Group II(10)	Dig deep and Dig wide exercise	Expressive writing	Answering to Writing the prompt questions
Group III(10)	Dig deep and Dig wide exercise	Expressive writing	Answering to writing the prompt questions

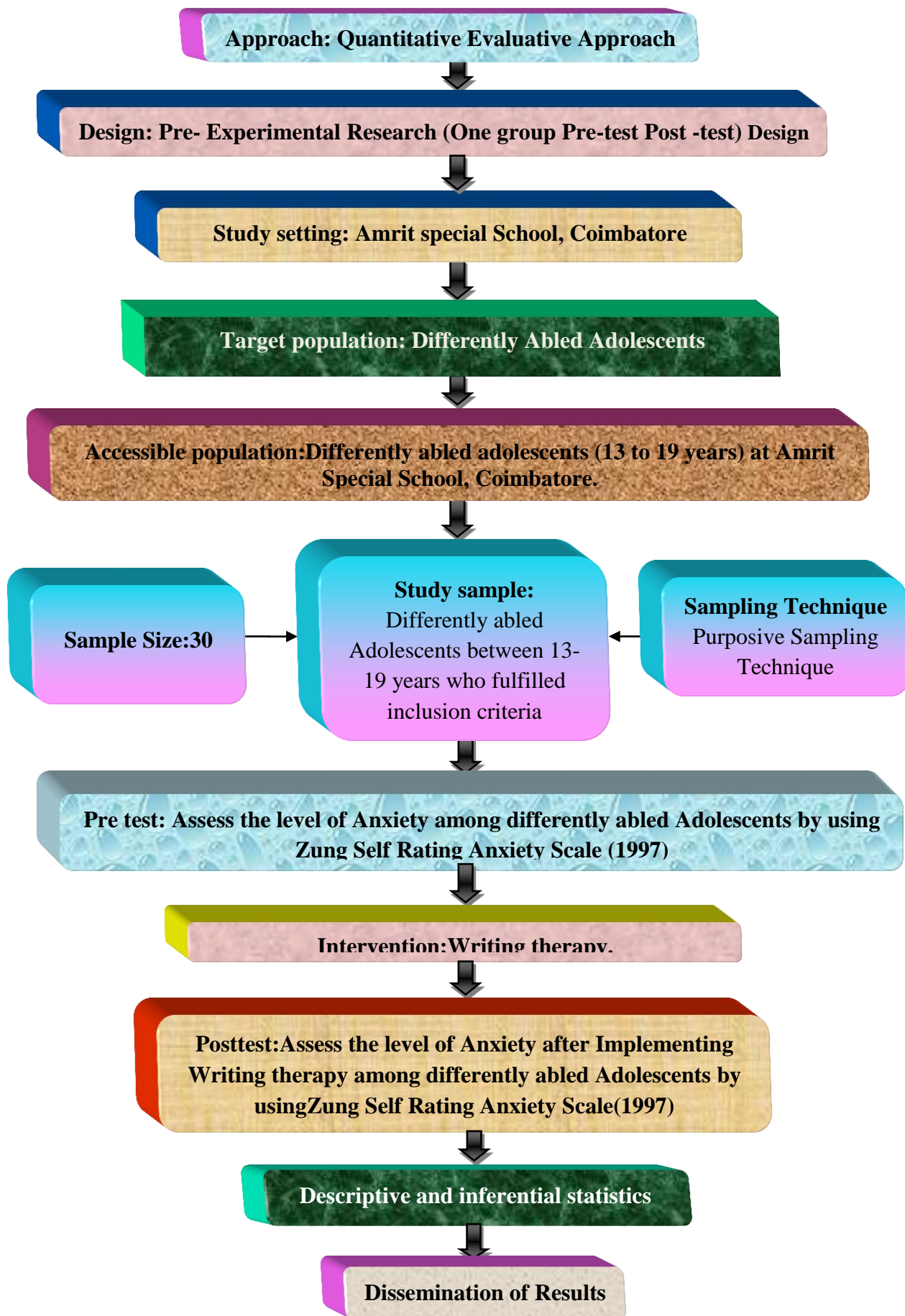
The data were analyzed in terms of objectives of the study using descriptive and inferential statistics. The plan for data analyze was as

follows: **TABLE NO: 3.3 PLAN FOR DATA ANALYSIS**

TYPE OF STATISTICS	METHOD	PURPOSE
Descriptive statistics	Mean, Frequency, Percentage, Standard deviation, Mean percentage and Mean difference	➤ Analyze the demographic variables Of differently abled adolescents and Assess thelevel ofanxietyamong differently abledadolescents
Inferential statistics	Paired 't' test	➤ Effectiveness of Writing therapy on Level of anxiety among differently Abled adolescents.
	Chi-square	➤ Association between the level of Anxietyamong differently abled Adolescents and theirselected Demographic variables

## CONCLUSION

This chapter includes description of research approach, research design, study setting, target population, sample and sampling technique, selection criteria, selection and development of the tool, content validity and reliability, pilot study, data collection procedure and plan for data analysis.



**Fig: 3.1 SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY**

## **CHAPTER IV**

### **DATA ANALYSIS AND INTERPRETATION**

According to **Polit and Hungler (2006)**, the statistical analysis helps the researcher to make sense of quantitative information. Statistical procedure enable researcher to summarize, evaluate, interpret and communicate numeric information.

This chapter deals with analysis and interpretation of the data on effectiveness of writing therapy on anxiety among differently abled adolescents between the age group of 13 and 19years.

The data collected by Zung self-rating anxiety scale (1997) were analyzed by using descriptive and inferential statistics which are necessary to provide substantive summary by the results in relation to the objectives.

#### **OBJECTIVES**

- To assess the level of anxiety among differently abled adolescents.
- To evaluate the effectiveness of writing therapy on the level of anxiety among differently abled adolescents.
- To find out the association between the level of anxiety among differently abled adolescents and their selected demographic variables.



## **PRESENTATION OF DATA**

The analysis of the data is organized and presented under the following broad sections.

### **SECTION A**

Frequency and Percentage distribution of samples according to their demographic variables

### **SECTION B**

Comparison of pretest and posttest level of anxiety among the samples.

### **SECTION C**

#### **Testing hypotheses**

- a.** Effectiveness of writing therapy on level of anxiety among the samples.
- b.** Association between the level of anxiety among differently abled adolescents and their selected demographic variables such as age in years, sex, education of child, education of father and mother, occupation of father and mother, place of living, family monthly income, birth order, number of siblings, causes of defect, number of extremities affected, previous history of disability and whether the child is day scholar/hosteller.

## SECTION - A

### Frequency and Percentage distribution of samples according to their demographic variables

**Table 4.1**Frequency and Percentage distribution of samples according to their demographic variables

n=30

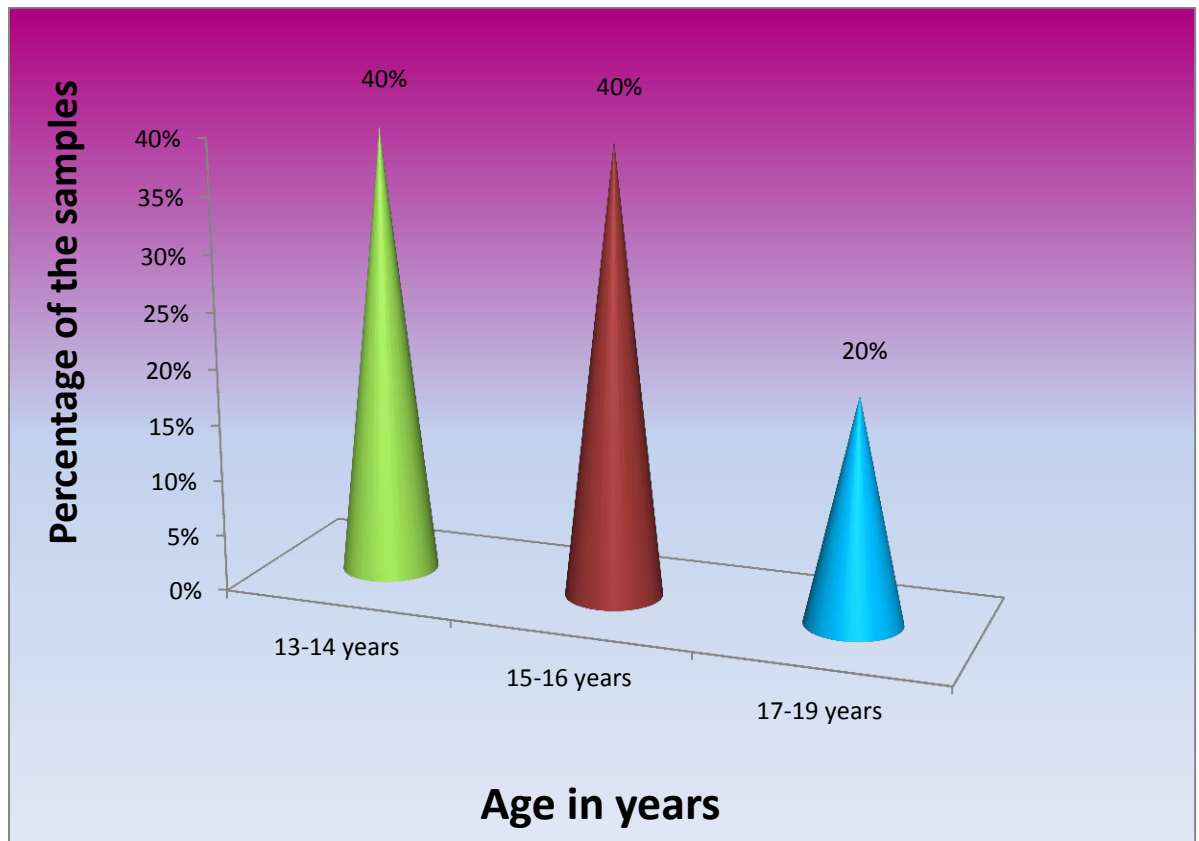
S. No	Demographic variables	Frequency (f)	Percentage (%)
<b>1.</b>	<b>Age in years</b>		
	1.1) 13-14 Years	12	40
	1.2) 15-16 Years	12	40
	1.3) 17-19 Years	06	2
<b>2.</b>	<b>Sex</b>		
	2.1) Male	23	76.67
	2.2) Female	07	23.33
<b>3.</b>	<b>Education of child</b>		
	3.1) Primary education	16	53.33
	3.2) Secondary education	13	43.33
	3.3) Higher secondary education	01	3.34
<b>4.</b>	<b>Education of father</b>		
	4.1) Primary education	03	10
	4.2) Secondary education	07	23.33
	4.3) Higher secondary education		
	4.4) Graduate	13	43.33
	4.5) No formal education	05	16.66
		02	6.66

<b>5.</b>	<b>Education of mother</b>		
	5.1) Primary education	02	6.66
	5.2) Secondary education	09	30
	5.3) Higher secondary education	14	46.67
	5.4) Graduate	04	13.33
	5.5) No formal education	01	3.34
<b>6.</b>	<b>Father's occupation</b>		
	6.1) Government employee	0	-
	6.2) Private employee	10	33.33
	6.3) Self employee	13	43.33
	6.4) Coolie	06	20
	6.5) Unemployed	01	3.34
<b>7.</b>	<b>Mother's occupation</b>		
	7.1) Government employee	0	-
	7.2) Private employee	5	16.66
	7.3) Self employee	11	36.67
	7.4) Homemaker	14	46.67
<b>8.</b>	<b>Place of living</b>		
	8.1) Urban	26	86.67
	8.2) Rural	04	13.33
<b>9.</b>	<b>Family monthly income</b>		
	9.1) Below Rs.5000/-	0	-
	9.2) Rs.5000- Rs.10000/-	16	53.33
	9.3) Above Rs.10000/-	14	46.67
<b>10.</b>	<b>Birth order</b>		
	10.1) First child	20	66.66
	10.2) Second child	08	26.66
	10.3) Third or above	02	6.68

<b>11.</b>	<b>Number of siblings</b>		
	11.1) No siblings	03	10
	11.2) One	20	66.67
	11.3) Two	07	23.33
	11.4) Three or above	00	-
<b>12.</b>	<b>Causes of defect</b>		
	12.1) Congenital	26	86.67
	12.2) Accidental	04	13.33
	12.3) Any diseases	00	-
<b>13.</b>	<b>Number of extremities affected</b>		
	13.1) One leg	13	43.33
	13.2) Both legs	13	43.33
	13.3) One extremity	04	13.34
<b>14.</b>	<b>Family history of disability</b>		
	14.1) Yes	2	6.67
	14.2) No	28	93.33
<b>15.</b>	<b>Whether the child is day scholar and hosteller?</b>		
	15.1) Day scholar	25	83.33
	15.2) Hosteller	05	16.67

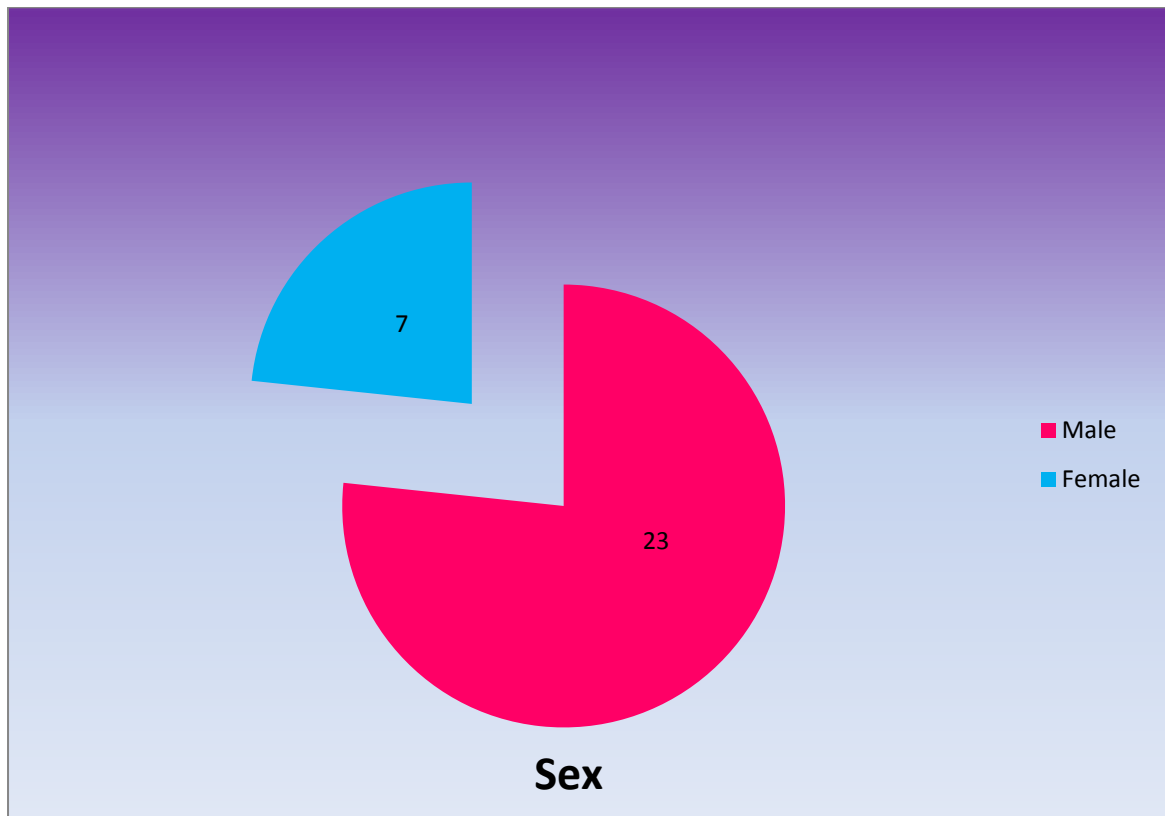
## SECTION-A

### Percentage distribution of samples according to their demographic variables



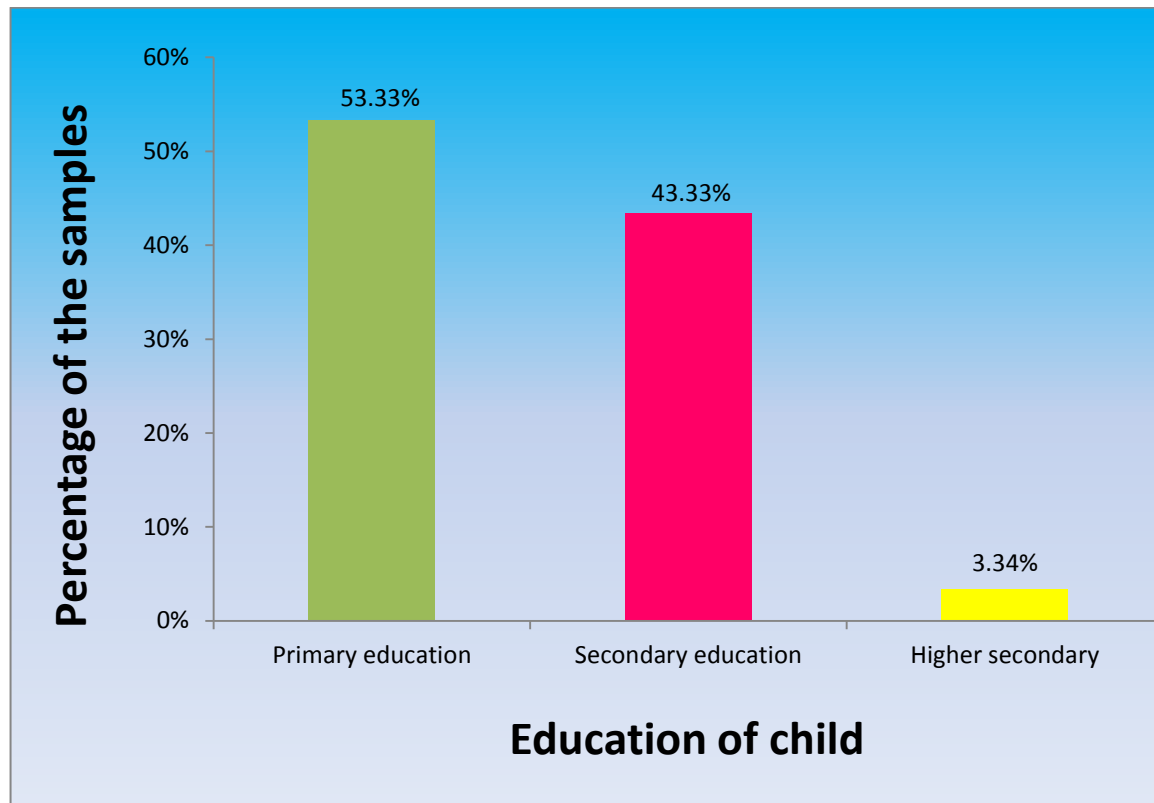
**Figure 4.1 Percentage distributions of samples according to their age**

The above figure 4.1 shows that, similar percentage 12(40%) of the samples were in the age group of 13-14 years and 15-16 years whereas 6 (20%) samples were from the age group of 17 to 19 years.



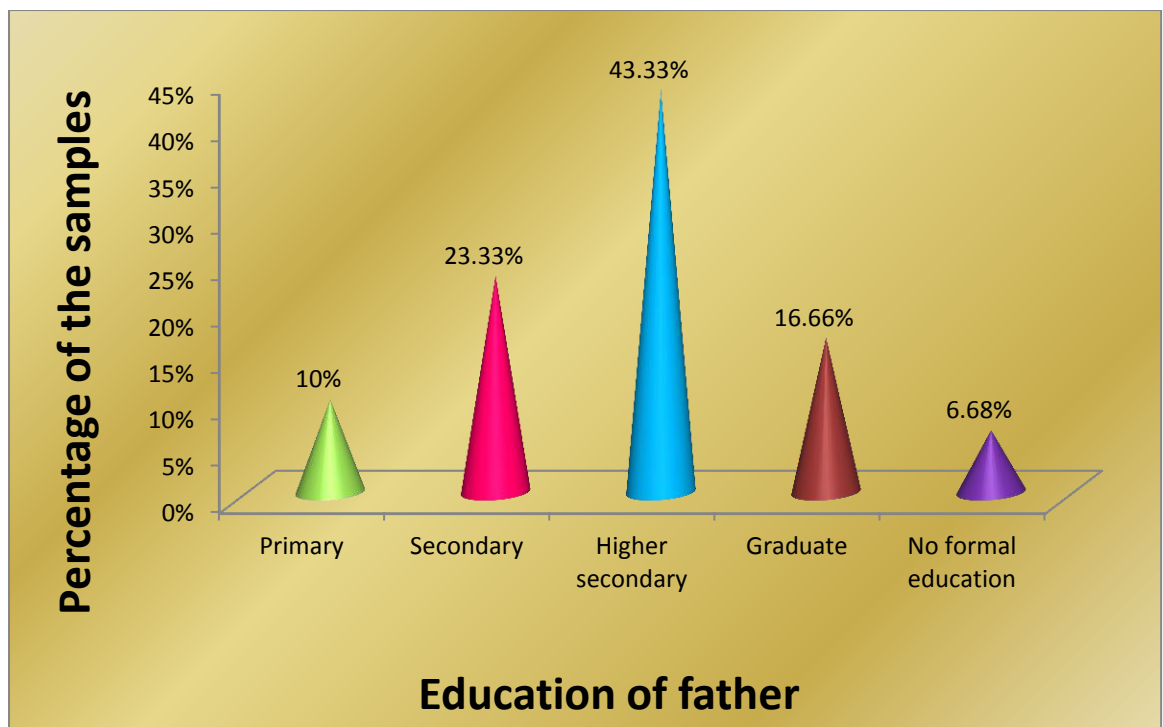
**Figure 4.2 Percentage distributions of samples according to their Sex**

The above figure 4.2 reveals that, most of the samples 23(76.67%) were male and least percentage 7 (23.33%) of the samples were female.



**Figure 4.3 Percentage distributions of samples according to their Education of child**

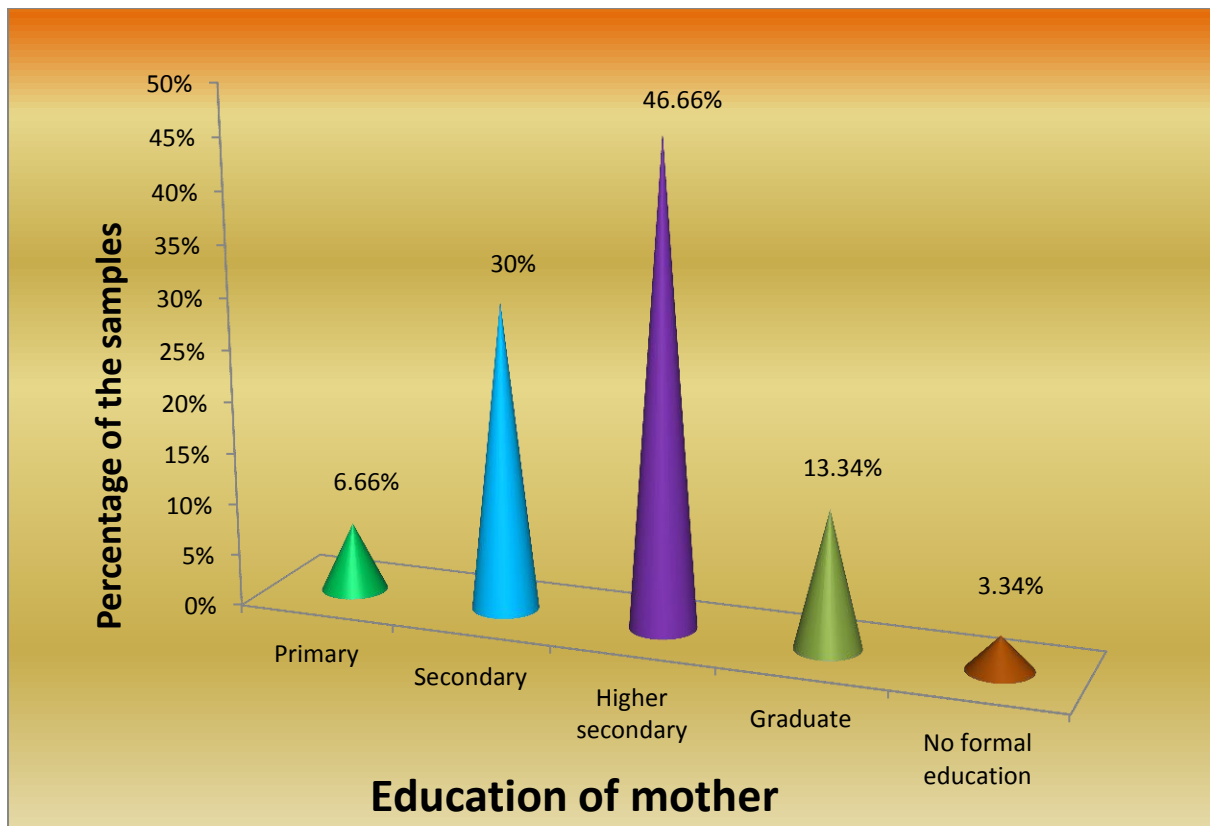
The above figure 4.3 represents that more than half 16(53.33%) of the samples had Primary education whereas 13(43.33%) samples had secondary education and least percentage 1 (3.34%) of the sample had higher secondary education.



**Figure 4.4**Percentage distributions of samples according to their Education of father

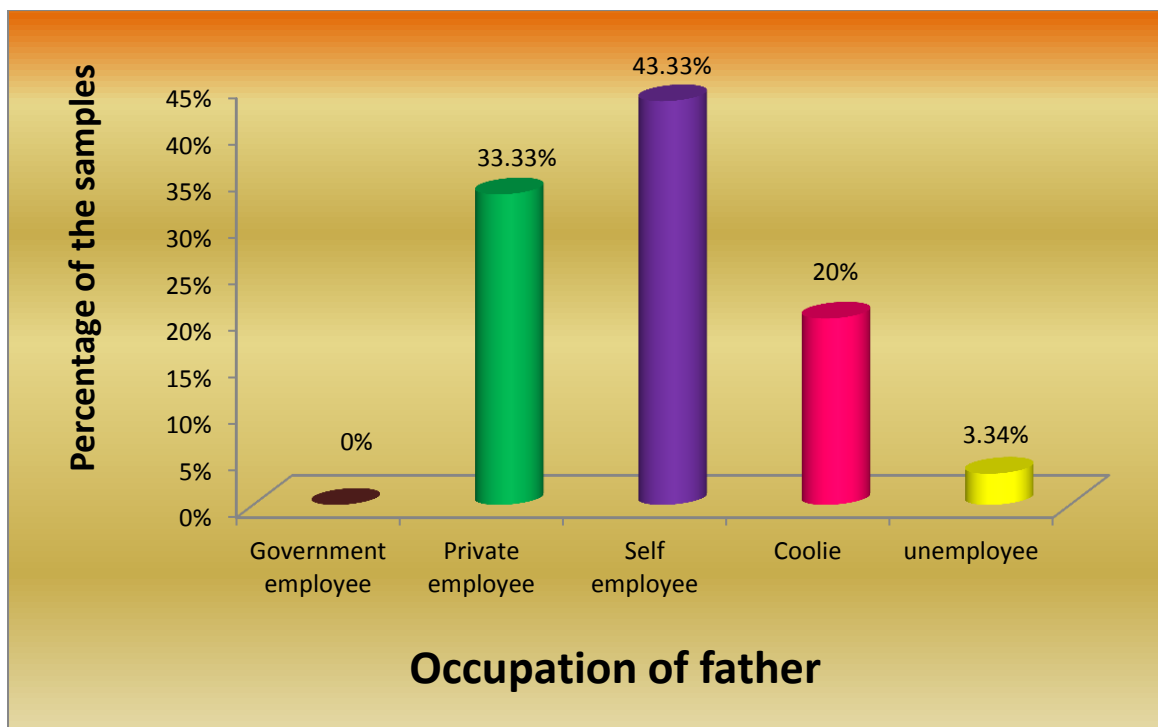
The above figure 4.4 represents that highest percentage 13(43.33%) of the sample's father had higher secondary education, around one fourth 7(23.33%) of the sample's father had secondary education. However least percentage of children's father were graduate 5(16.66%), primary education 3(10%) and no formal education 2(6.68%).





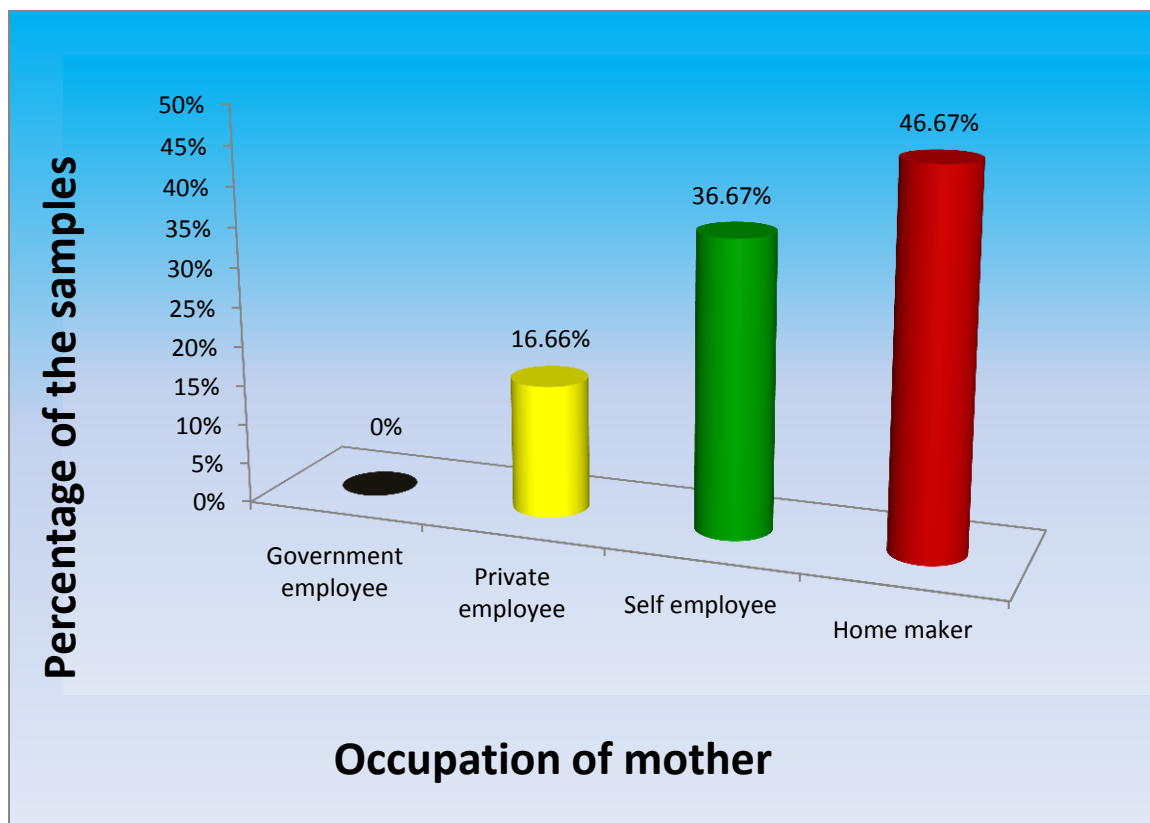
**Figure 4.5**Percentage distributions of samples according to their Education of mother

The above figure 4.5 represents that around half 14(46.66%) of the sample's mother had higher secondary education whereas one third 9(30%) of the sample's mother had secondary education and 4(13.34%) were graduate. However least percentage of the sample's mother had primary education 2(6.66%) and no formal education 1(3.34%).



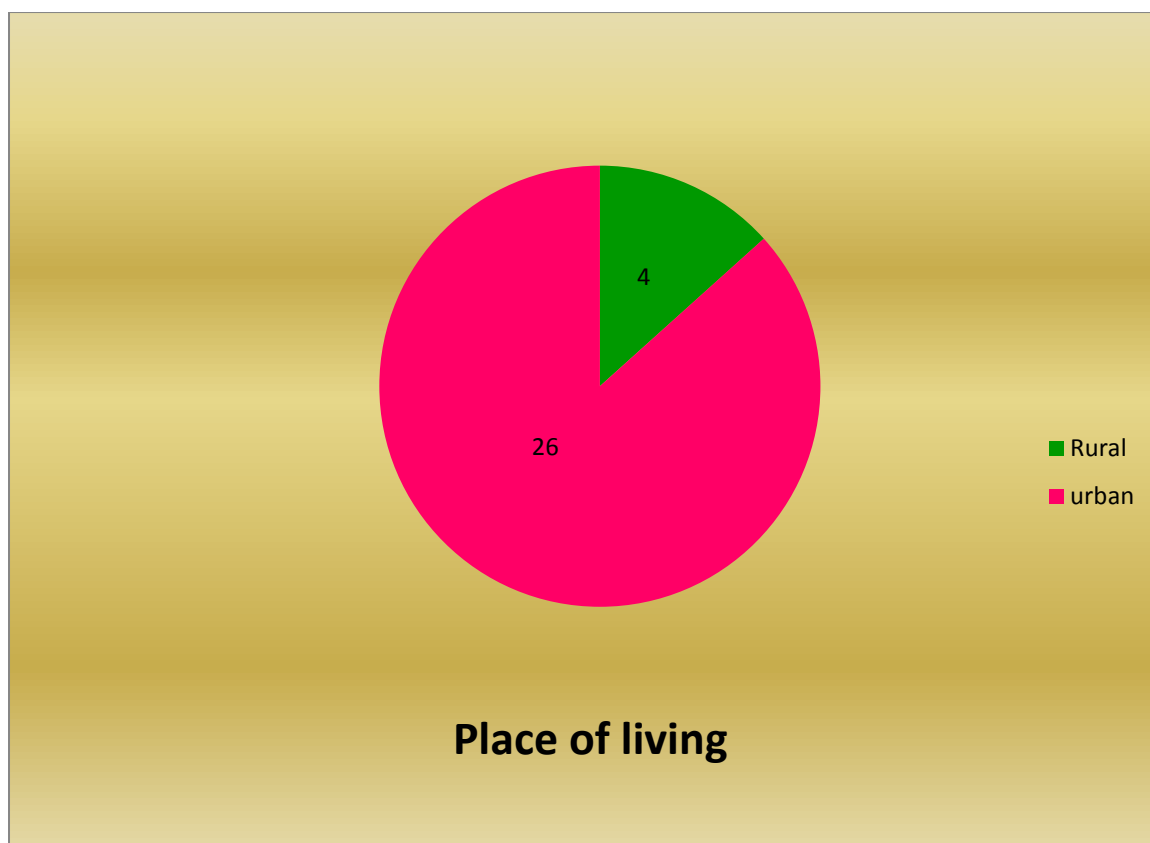
**Figure 4.6**Percentage distributions of samples according to their Occupation of father

The above figure 4.6 represents that highest percentage 13(43.33%) of the sample's father were self-employee whereas one third 10(33.33%) of the sample's father were private employee and 6(20%) were coolie. However least percentage of the sample's father was unemployed 1(3.34%) and none (0%) of the samples father was government employee.



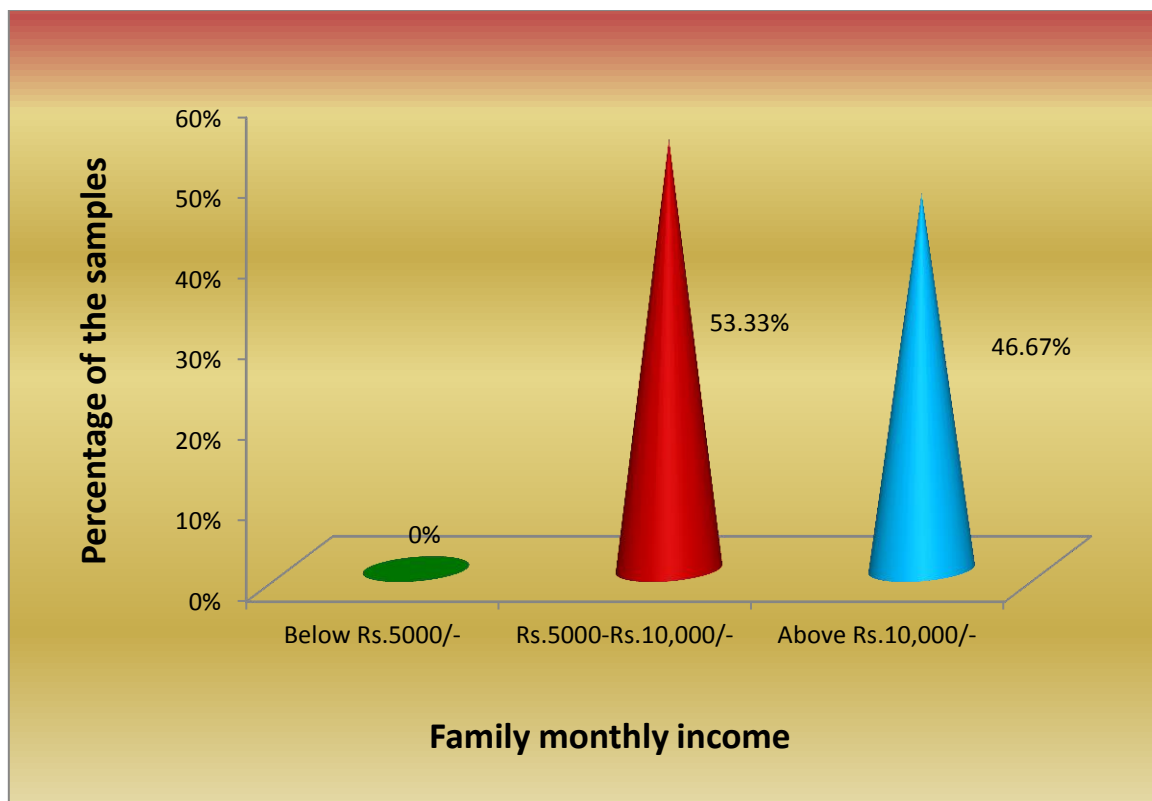
**Figure 4.7**Percentage distributions of samples according to their Occupation of mother

The above figure 4.7 reveals that highest percentage 14(46.67%) of the sample's mother were homemaker, around one third 11(36.67%) of the sample's mother were self-employee. However least percentage of the sample's mother 5(16.66%) were private employee and none (0%) of the sample's mother was government employee.



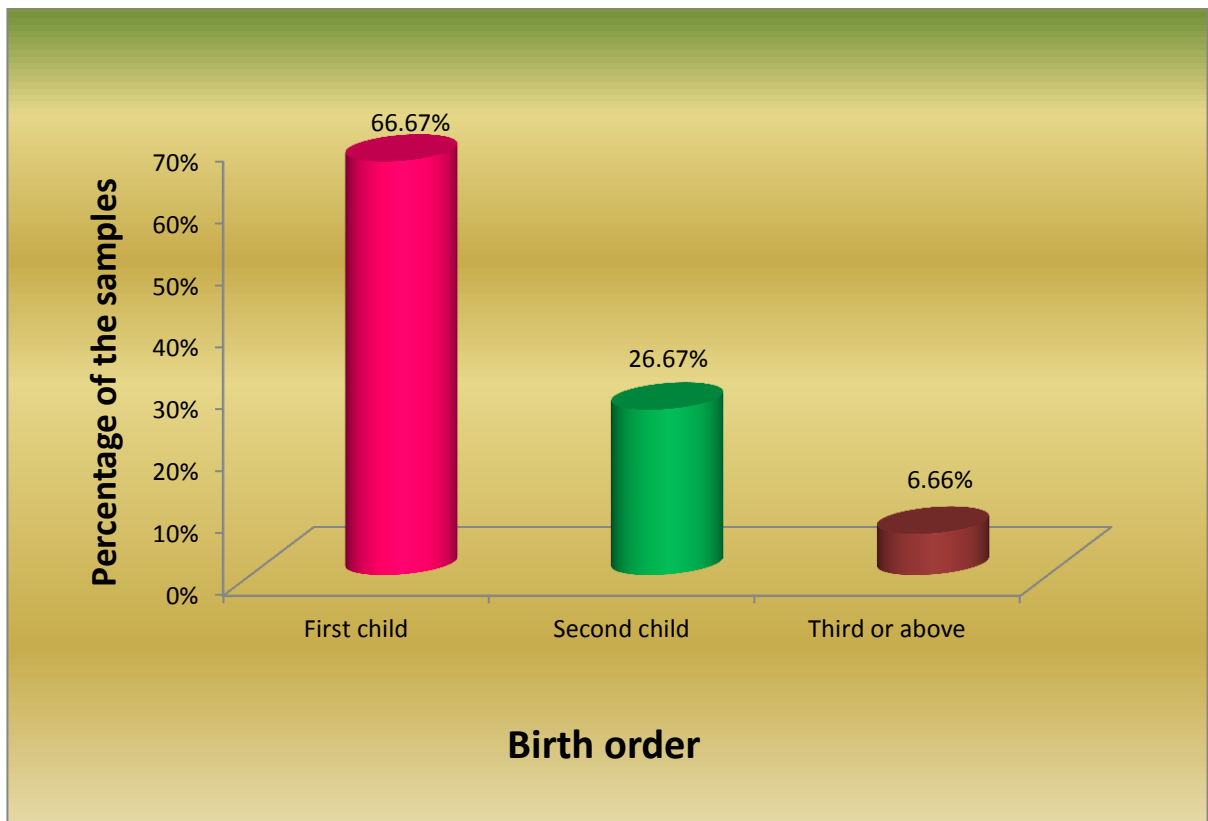
**Figure 4.8**Percentage distributions of samples according to their Place of living

The above figure 4.8 shows that, most 26(86.67%) of the samples were living in urban area and least percentage 4 (13.33%) of the samples were living in rural area.



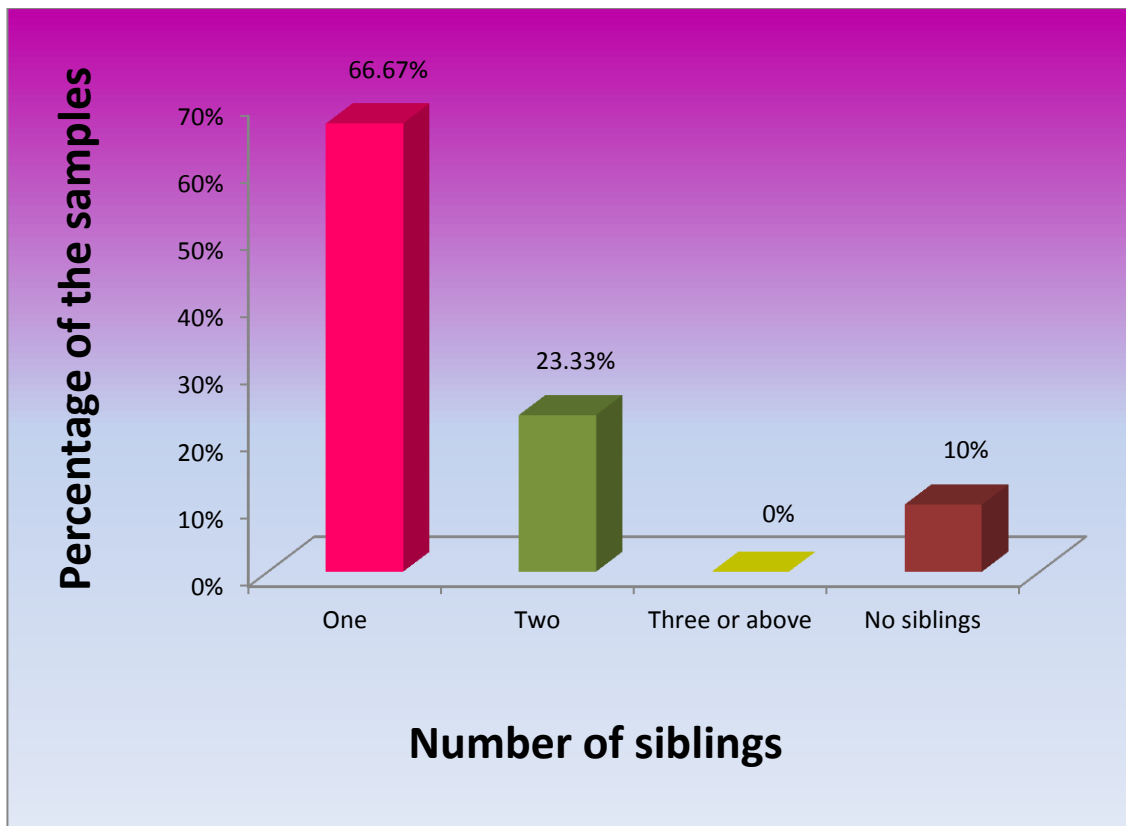
**Figure 4.9**Percentage distributions of samples according to their Monthly income

The above figure 4.9 depicts that more than half 16(53.33%) of the samples were earning monthly income between Rs.5000/-Rs.10000/- whereas around half 14(46.67%) of the samples were earning family monthly income above Rs.10000/- and (0%) none of the samples family were earning below Rs.5000/-



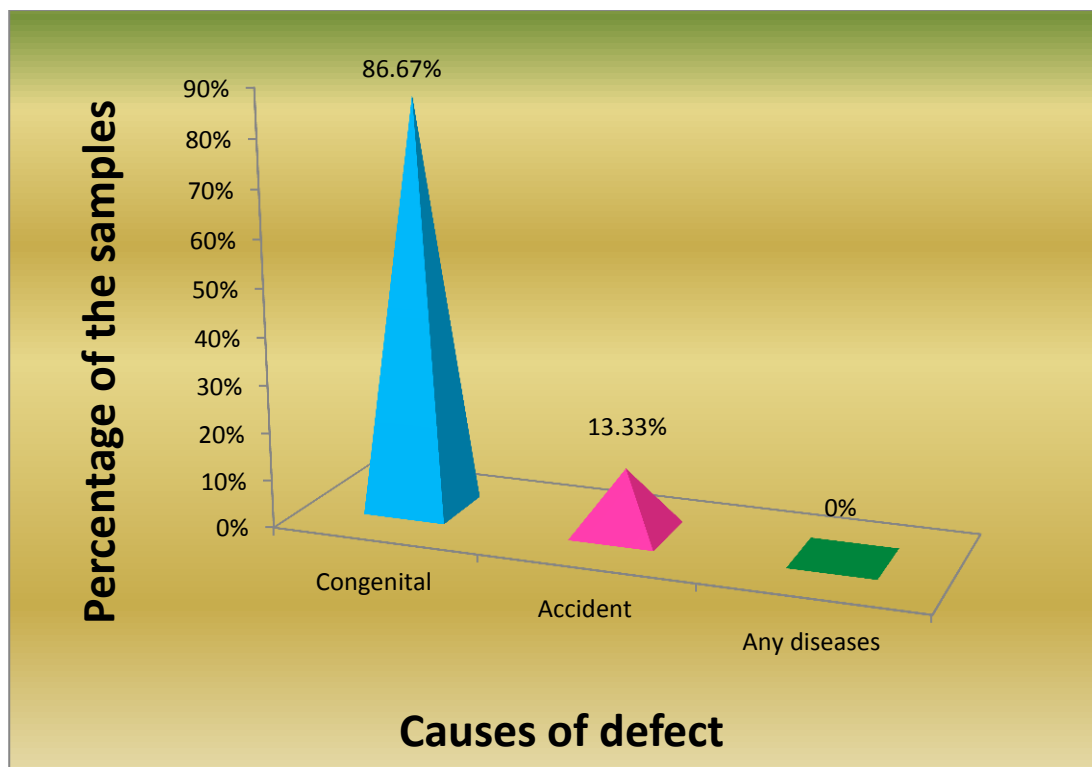
**Figure 4.10**Percentage distributions of samples according to their Birth order

The above figure 4.10 shows that majority 20(66.67%) of the samples were first child whereas around one fourth 8(26.67%) of the samples were second child and least percentage 2(6.66%) of the samples were Third child or above.



**Figure 4.11**Percentage distributions of samples according to their Number of siblings

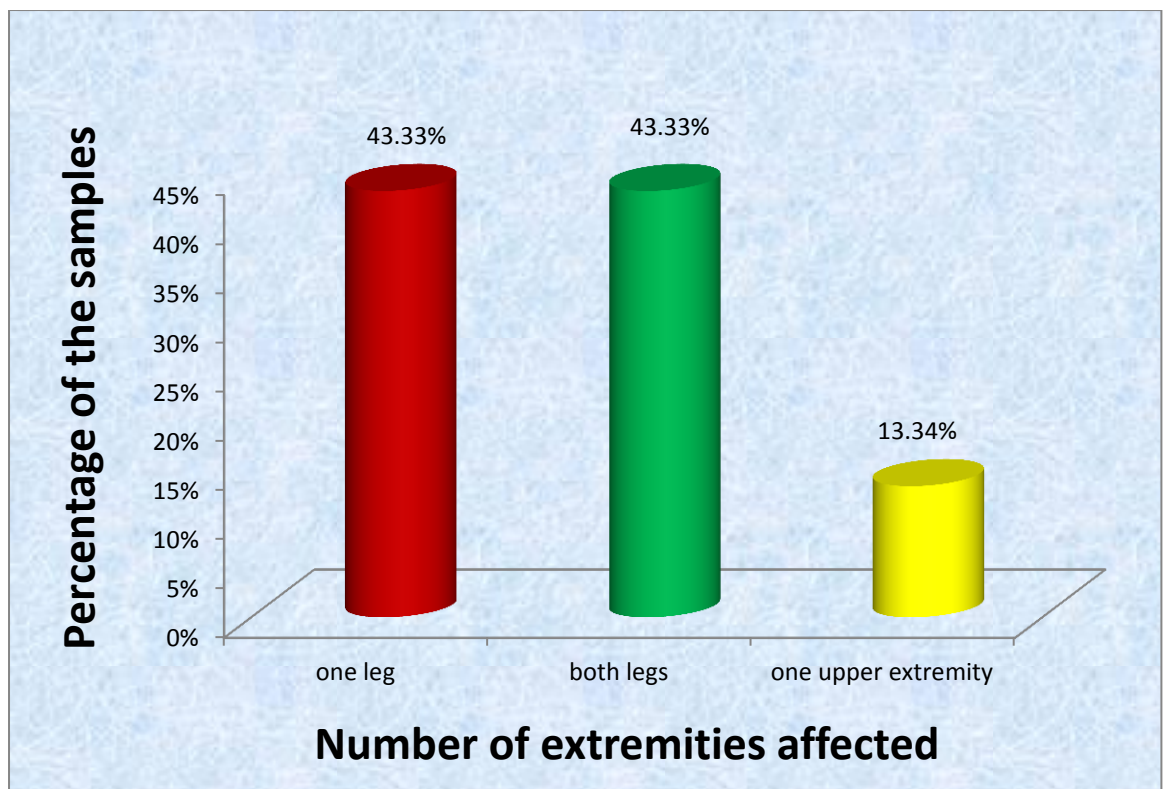
The above figure 4.11 shows that majority 20(66.67%) of the samples had one sibling whereas 7(23.33%) samples had two siblings and least percentage 3(10%) of the samples had no siblings and none (0%) of the samples had three or above three siblings.



**Figure 4.12 Percentage distributions of samples according to their Causes of defect**

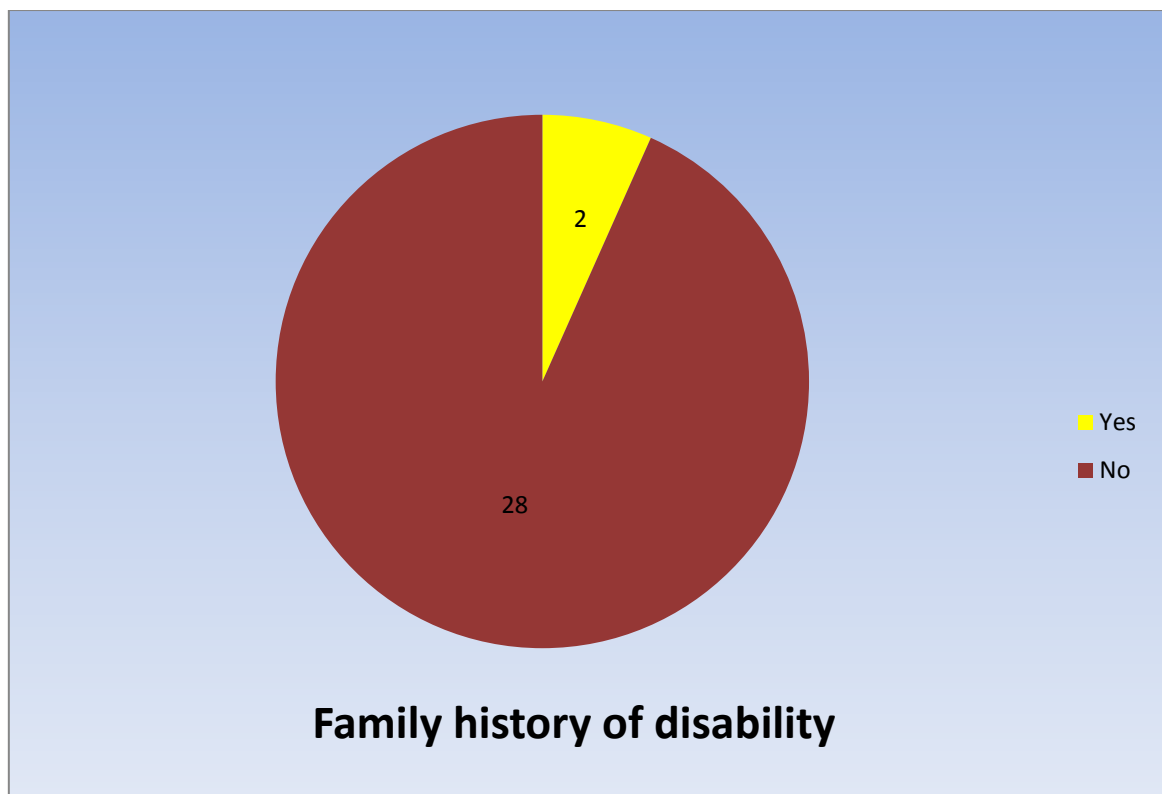
The above figure 4.12 represents that majority 20(66.67%) of the samples had disability due to congenital causes whereas least percentage 4(13.33%) of the samples had disability due to accidents and none (0%) of the samples had disability due to any diseases.





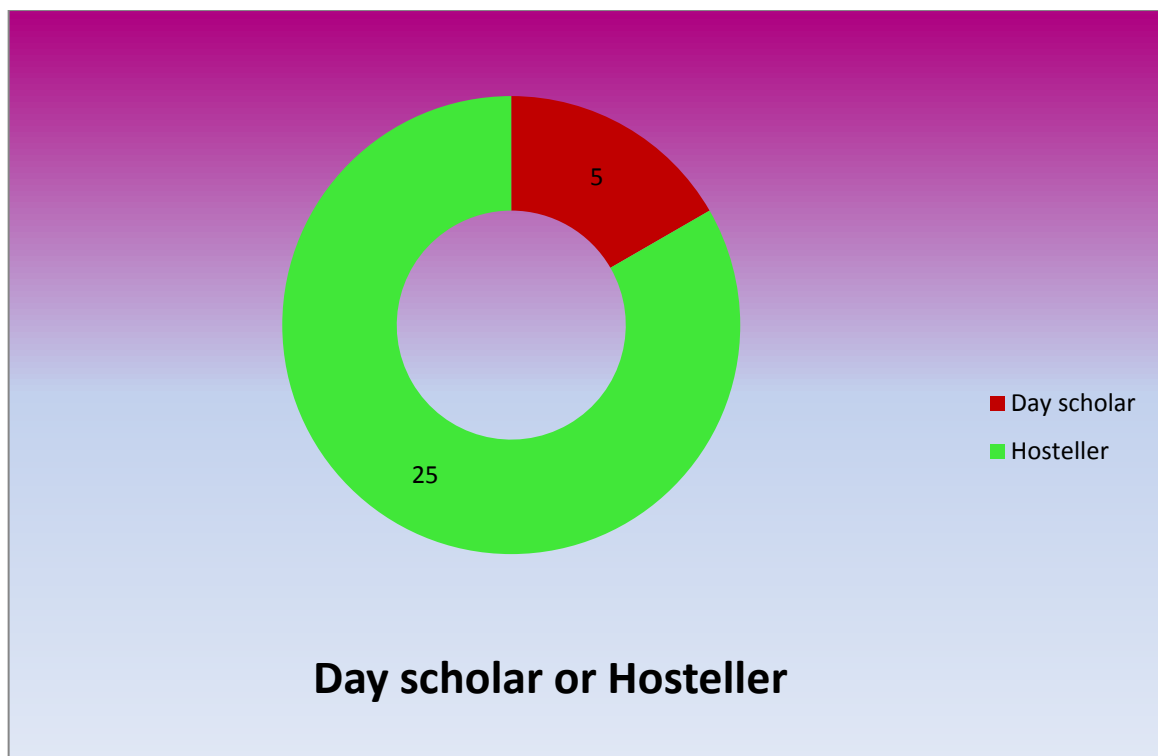
**Figure 4.13 Percentage distribution of samples according to their  
No of extremities affected**

The above figure 4.13 reveals that similar percentage 13(43.33%) of the samples were affected with one leg and both legs. Least percentage 4(13.34%) of the samples were affected with one upper extremity.



**Figure 4.14**Percentage Distribution of samples according to their  
**Family history of disability**

The above figure 4.14 represents that almost all 28(93.33%) the samples had no family history of disability and least percentage 2(6.67%) of the samples had family history of disability.



**Figure 4.15**Percentage distribution of samples according to their  
**Day scholar or hosteller**

The above figure 4.15 shows that most 25(83.33%) of the samples were day scholar and least percentage of the samples 5(16.67%) were hosteller.

## **SECTION B**

### **a) Comparison of Pretest and Posttest level of Anxiety among the Samples**

**Table 4.2** Frequency and percentage distribution of samples according to the level of anxiety before and after intervention

Level of Anxiety	Pre test	Post test	n=30
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	<b>Frequency ( f )</b>	<b>Percentage (%)</b>	<b>Frequency ( f )</b>	<b>Percentage (%)</b>
<b>Normal Range</b>	0	0	06	20%
<b>Mild to Moderate Anxiety</b>	03	10%	19	63.33%
<b>Marked to Severe Anxiety</b>	27	90%	05	16.67%
<b>Extreme Anxiety</b>	0	0	0	0
<b>Total</b>	30	100%	30	100%

Table 4.2 shows that, frequency and percentage distribution of the samples according to the level of anxiety among samples before and after implementation of writing therapy. Most 27(90%) of the samples had marked to severe level of anxiety whereas least percentage 3(10%) of the samples had mild to moderate level of anxiety during pretest. In posttest majority 19 (63.33%) of the samples had mild to moderate level of anxiety whereas 6 (20%) had normal range. However least percentage 5(16.67%) of them had marked to severe anxiety and none (0%) of the samples had extreme level of anxiety in pre and posttest.

## SECTION C

### a) Effectiveness of writing therapy on level of anxiety among samples

**Table 4.3 Mean, Standard deviation and Paired‘t’ test value on Level of**

### Anxiety among Samples in Pretest and Posttest.

n=30

	Mean	Standard Deviation	Mean Percentage(%)	Mean difference	Paired 't' value	df
Pre test	62.8	2.98	78.5%	10.7	<b>**14.5</b>	29
Post test	52.1	5.80	65.1%			

Table value = 2.46

**\*\*Highly Significant at  $p \leq 0.01$**

Table 4.3 elicits the overall mean score on level of anxiety among samples in pretest and posttest reveals that posttest level of anxiety  $52.1 \pm 5.80$  was lower than the pretest level of anxiety  $62.8 \pm 2.98$ . The mean difference was 10.7. The paired 't' test value 14.5 was significantly higher than the table value 2.46 at  $p \leq 0.01$ . It indicates that writing therapy was effective in reducing the level of anxiety among differently abled adolescents. Hence  $H_1$  is retained.

**b) Association between the Level of Anxiety among differently abled adolescents and their Selected Demographic Variables.**

**Table 4.4 Association between the level of anxiety among differently abled adolescents and their selected demographic variables**

**n=30**

S.No	Demographic variables	Pre Test		Post Test	
		df	$\chi^2$	df	$\chi^2$
1.	Age in years	2	4.96	2	0.31
2.	Sex	1	0.99	1	1.08
3.	Education of child	2	2.905	2	1.38
4.	Education of father	4	3.38	4	4.14
5.	Education of mother	4	<b>*14.06</b>	4	3.01
6.	Occupation of father	3	<b>*12.22</b>	3	1.47
7.	Occupation of mother	2	2.02	2	2.63
8	Place of living	1	0.506	1	2.98
9.	Family monthly income	1	2.905	1	2.50
10.	Birth order	2	4.43	2	1.86
11.	Number of siblings	2	0.46	2	1.41
12	Causes of defect	1	0.506	1	0.97
13	Number of extremities affected	1	0.917	1	2.40
14	Family history of disability	1	0.231	1	1.57
15	Whether the child is day scholer or hosteller?	1	<b>*6.00</b>	1	2.86

**\*Significant at  $p \leq 0.05$**

The above table 4.4 reveals that, there is significant association found between the level of anxiety among samples and their selected demographic variables such as education of mother( $\chi^2=14.06$ ), occupation of father( $\chi^2=12.22$ ) and day scholar/hosteller( $\chi^2=6.00$ ) except for the other demographic variables such as age, sex, education of child, education of father, occupation of mother, place of living, family monthly income, birth order, number of siblings, number of extremities affected, causes of defect and family history of disability. Hence  $H_2$  is retained for the above mentioned variables education of mother, Occupation of father and day scholar/ hosteller and rejected for the other demographic variables of differently abled adolescents.

## **SUMMARY**

This chapter dealt with data analysis and interpretation in the form of statistical value based on objectives. Descriptive statistics was used to assess the level of Anxiety among differently abled adolescents and assess the demographic variables of differently abled adolescents. Paired 't' test was used to evaluate the effectiveness of writing therapy on level of anxiety. Chi square test was used to find out the association between the level of anxiety among differently abled adolescents and their selected demographic variables.

## **CHAPTER V**

### **DISCUSSION**

This study was done to evaluate the Effectiveness of Writing Therapy on level of Anxiety among differently abled adolescents at a selected Special school, Coimbatore.

#### **Distribution of samples according to their demographic variables**

Among 30 samples, similar percentage 12(40%) of the samples were in the age group of 13-14 years and 15-16 years whereas 6 (20%) were from the age group of 17 to 19 years. most of the samples 23(76.67%) were male and least percentage 7 (23.33%) of the samples were female. more than half of the samples 16(53.33%) had Primary education, around half of the samples 13(43.33%) had secondary education and least percentage of the sample 1 (3.34%) had higher secondary education. Highest percentage of the sample's father 13(43.33%) had higher secondary education, around one fourth of the sample's father 7(23.33%) had secondary education. However least percentage of children's father 5(16.66%) were graduate, 3(10%) had primary education, 2(6.68%) had no formal education. around half of the sample's mother 14(46.66%) had higher secondary education whereas one third of the sample's mother 9(30%) had secondary education, 4(13.34%) were graduate. However least percentage of the sample's mother 2(6.66%) had primary education and 1(3.34%) had no formal education. Highest percentage of the sample's father 13(43.33%) were self-employee whereas one third of the sample's father 10(33.33%) were private employee and 6(20%) were coolie, least percentage of the sample 1(3.34%) were



unemployed and none (0%) of the samples were government employee. Highest percentage of the sample's mother 14(46.67%) were homemaker, around one third of the samples 11(36.67%) were self-employee. However least percentage of the sample's mother 5(16.66%) were private employee and none (0%) of the samples were government employee. Most of the samples 26(86.67%) were living in urban area and least percentage of the samples 4 (13.33%) were living in rural area. More than half of the samples 16(53.33%) were earning monthly income between Rs.5000/-Rs.10000/- whereas around half of the samples 14(46.67%) were earning family monthly income above Rs.10000/- and (0%) none of the samples family were earning below Rs.5000/- majority of the samples 20(66.67%) were first child whereas around one fourth of the samples 8(26.67%) were second child and least percentage of the samples 2(6.66%) were Third child or above. Majority of the samples 20(66.67%) had one sibling whereas 7(23.33%) samples had two siblings and least percentage of the samples 3(10%) had no siblings and none(0%) of the samples had above three siblings. Majority of the samples 20(66.67%) had disability due to congenital causes whereas least percentage of the samples 4(13.33%) had disability due to accidents and none (0%) of the samples had disability due to any diseases. Similar percentage of the samples were affected with one leg 13(43.33%) and both legs. Least percentage of the samples were 4(13.34%) affected with one upper extremity. Almost all the samples had 28(93.33%) no family history of disability and least percentage of the samples had 2(6.67%) family history of disability. Most of the samples 25(83.33%) were days choler and least percentage of the samples 5(16.67%) were hosteller.

**The first objective of the study was to assess the level of anxiety among differently abled adolescents.**

During pretest, among 30 samples 3 (10%) had mild to moderate level of anxiety and 27(90%) had marked to severe level anxiety. During posttest 19(63.33%) samples had mild to moderate anxiety whereas 6(20%) had normal range and least percentage 5(16.67%) of the samples had marked to severe anxiety levels.

**The second objective of the study was to evaluate the effectiveness of writing therapy on level of anxiety among differently abled adolescents.**

The overall mean score on level of anxiety among samples in pretest and post test revealed that posttest mean  $52.1 \pm 5.80$  was lower than the pretest mean  $62.8 \pm 2.98$ . The paired 't' test value ( $t=14.5$ ) is significantly higher than the table value 2.46 at  $p \leq 0.01$ . It indicates the effectiveness of writing therapy on level of anxiety. Hence  $H_1$  was retained.

The present study finding was consistent with study conducted by **Thompson et al...(2013)** to evaluate the effectiveness of writing therapy on anxiety among physically challenged adolescents selected homes at Bangalore. The findings revealed that, during pretest in study group 12(40%) had mild anxiety, 14(46.67%) with moderate anxiety 4(13.33%) with severe anxiety. During posttest in study group 18(60%) had normal anxiety, 10(33.33%) with mild anxiety 2(6.67%) with severe anxiety. In Control group 15(50%) with mild anxiety, 12(40%) with moderate anxiety and 3(10%) had severe anxiety. Paired "t" test shows that there was significant difference in the pretest and posttest level of anxiety in study group and control group. The result supported that the writing

therapy was effective in reducing anxiety among the physically challenged adolescents.

**The third objective was to find out the association between the level of anxiety among samples and their selected demographic variables.**

There was significant association found between the level of anxiety among samples and their selected demographic variables such as education of mother ( $\chi^2=14.06$ ), occupation of father ( $\chi^2=12.22$ ), day scholar ( $\chi^2=6.00$ ) and except for the demographic variables such as age, sex, education of child, education of father, occupation of mother, place of living, family monthly income, birth order, number of siblings, number of extremities affected, causes of defect, family history of disability. Hence hypothesis  $H_2$  was retained for the above mentioned variables and rejected for age, sex, education of child, education of father, occupation of mother, place of living, family monthly income, birth order, number of siblings, number of extremities affected, causes of defect, previous history of disability.

## **SUMMARY**

This chapter dealt with the discussion of the study with the reference to the objectives and supportive studies. All the three objectives have been achieved and the two hypotheses were tested.

## **CHAPTER VI**

### **SUMMARY, CONCLUSION, IMPLICATIONS AND**

## **RECOMMENDATIONS**

This chapter comprises of the summary, conclusion, implications to nursing practice, nursing administration, nursing education, nursing research and recommendations for further study.

### **SUMMARY OF THE STUDY**

Pre experimental (i.e.) one group pretest posttest design was adopted in this study to evaluate the effectiveness of writing therapy on the level of anxiety among differently abled adolescents at selected special school, Coimbatore. The study was conducted at Amrit Special School, Coimbatore. The sample size was 30 and was selected by purposive sampling technique. A demographic Performa and Zung self-rating anxiety scale was used to collect data based on the study objectives. Writing therapy includes dig wide-dig deep exercise, expressive writing and answering to write the prompt questions was implemented daily with the duration of 30-40minutes/group for 15 sessions. The collected data were analyzed using descriptive and inferential statistics. To test the hypotheses, paired 't' test, and chi-square analysis were used.

### **FINDINGS OF THE STUDY**

**The major findings of the study was summarized as below**

- Among 30 samples, similar percentage 12(40%) of the samples were in the age group of 13-14 years and 15-16 years whereas 6 (20%) were from the age group of 17 to 19 years.
- Most of the samples 23(76.67%) were male and least percentage 7 (23.33%) of the samples were female.

- More than half of the samples 16(53.33%) had Primary education and least percentage of the sample 1 (3.34%) had higher secondary education.
- Highest percentage of the sample's father 13(43.33%) had higher secondary education, However least percentage of children's father 2(6.68%) had no formal education.
- Around half of the sample's mother 14(46.66%) had higher secondary education. However least percentage of the sample's mother 1(3.34%) had no formal education.
- Highest percentage of the sample's father 13(43.33%) were self-employee least percentage of the sample 1(3.34%) were unemployed and none (0%) of the samples were government employee.
- Highest percentage of the sample's mother 14(46.67%) were homemaker and none (0%) of the samples were government employee.
- Most of the samples 26(86.67%) were living in urban area and least percentage of the samples 4 (13.33%) were living in rural area.
- More than half of the samples 16(53.33%) were earning monthly income between Rs.5000/-Rs.10000/- and (0%) none of the samples family were earning below Rs.5000/-.
- Majority of the samples 20(66.67%) were first child and least percentage of the samples 2(6.66%) were Third child or above.
- Majority of the samples 20(66.67%) had one sibling and least percentage of the samples 3(10%) had no siblings and none (0%) of the samples had above three siblings.

- Majority of the samples 20(66.67%) had disability due to congenital causes whereas least percentage of the samples 4(13.33%) had disability due to accidents and none (0%) of the samples had disability due to any diseases.
- Similar percentage of the samples were affected with one leg 13(43.33%) and both legs. Least percentage of the samples were 4(13.34%) affected with one upper extremity.
- Almost all the samples had 28(93.33%) no family history of disability and least percentage of the samples had 2(6.67%) family history of disability.
- Most of the samples 25(83.33%) were days choler and least percentage of the samples 5(16.67%) were hosteller.
- During pretest, among 30 samples 3 (10%) had mild to moderate level of anxiety and 27(90%) had marked to severe level anxiety.
- During posttest 19(63.33%) samples had mild to moderate anxiety whereas 6(20%) had normal range and least percentage 5(16.67%) of the samples had marked to severe anxiety.
- The overall mean score on level of anxiety among samples in pretest and post test revealed that posttest mean  $52.1 \pm 5.80$  was lower than the pretest mean  $62.8 \pm 2.98$ . The paired 't' test value 14.5 is significantly higher than the table value 2.46 at  $p \leq 0.01$ . It indicates the effectiveness of writing therapy on level of anxiety.
- There was significant association found between the level of anxiety among samples and their selected demographic variables such as education of mother ( $\chi^2=14.06$ ), occupation of father ( $\chi^2=12.22$ ), day scholar( $\chi^2=6.00$ ) and except for the other demographic variables.

## **CONCLUSION**

The study was done to evaluate the writing therapy on level of anxiety among differently abled adolescents at selected special school, Coimbatore. In pretest, almost all of the samples had marked to severe level of anxiety whereas in posttest 2/3<sup>rd</sup> of the samples had mild to moderate level of anxiety. The result of the study revealed that, writing therapy was effective in reducing the level of anxiety among differently abled adolescents. There was significant association found between the level of anxiety among samples and their selected demographic variables such as education of mother, occupation of father and day scholar

## **IMPLICATIONS**

The findings of the study have implications in different aspects of nursing profession that is nursing service, nursing education and nursing research.

### **Nursing Practice**

- Writing therapy can be implemented to improve the psychological wellbeing such as physically rehabilitation Centre, old age homes, etc...
- Writing therapy can be reducing the psychological distress among caregivers of children with terminally ill children.
- The writing therapy can be utilized by the nurses working in surgical ward to reduce the pre-operative level of anxiety among patients.

### **Nursing Administration:**

- Nurse administrator can arrange training on writing therapy for nurses practicing in various health care settings.

- Nurses working in the occupational health department and community health department should be given in-service education to update and improve their knowledge regarding various techniques in writing therapy.

### **Nursing Education**

- Nursing students can be trained to practice writing therapy to reduce their own anxiety
- Emphasis could be given on Complimentary therapies in nursing curriculum.

### **Nursing Research**

- The finding of the study can be utilized for conducting further research on assessing various aspects of anxiety in different population.
- There is need for extensive research in this area regarding writing therapy for adolescents to cope up with their future.

### **RECOMMENDATIONS**

- Similar study can be conducted for large number of samples to generalize the findings.
- The true experimental design can be selected to conduct the study.
- A comparative study can be done to find out the effectiveness of writing therapy on anxiety between normal adolescents and differently abled adolescents.
- Comparative study can be conducted between male and female adolescents with disabilities.



- Writing therapy can be used on other psychological variables such as stress, depression and psychological wellbeing.
- A longitudinal study can be conducted to evaluate the effectiveness of writing therapy.

## **SUMMARY**

This chapter dealt with summary of study findings and conclusion, implications for nursing practice, nursing administration, nursing education, nursing research and recommendations.

## **BIBLIOGRAPHY**

### **BOOK REFERENCE:**

- ✓ **Basavanthapa B.T. (2007)** “*Nursing Theories*” 1<sup>st</sup> edition, Jaypee Brother’s Publication, New Delhi.
- ✓ **Carol Taylor et al (2010)** “*Fundamentals of Nursing*” 4<sup>th</sup> edition, Lippincott Williams and Wilkin publication, Philadelphia.
- ✓ **Danise F. Polit and Beck (2004)** “*Nursing Research*” 7<sup>th</sup> edition, Lippincott Williams and Wilkin publication, Philadelphia.
- ✓ **Denis F. Polit and Bernadette P.Hungler (2005)** “*Essential of nursing research*”

5<sup>th</sup>

edition J.B. Lippincott company publishers, Philadelphia.

- ✓ **Dorothy R Marlow (2007)** “*Text Book of Pediatrics*” 6<sup>th</sup> edition, Elsevier medical publication, New Delhi.
- ✓ **Indrajit Upadhyay (1999)** “*Essential Pediatrics*” 7<sup>th</sup> edition, CBS publishers and distributors.
- ✓ **B.K. Mahajan (2006)** “*Methods in Statistics*” 6<sup>th</sup> edition, Jaypee Brother Publication,  
New Delhi.
- ✓ **Mary Ann Boyd (2005)** “*Psychiatric Nursing Contemporary Practice*” 3<sup>rd</sup> edition,  
Lippincott Williams and Wilkin publication, Philadelphia.
- ✓ **Nancy Burns and Susan K grove** “*Understanding Nursing Research*” 4<sup>th</sup> edition,  
Missouri, Elsevier publication, Missouri.
- ✓ **Niraj Ahuja (2009)** “*A Short Text Book of Psychiatry*” 5<sup>th</sup> edition, Jaypee Brothers  
Medical Publication, New Delhi.
- ✓ **Price and Gwin (2012)** “*Text Book of Pediatrics*” 2<sup>nd</sup> edition, Jaypee Brothers  
Publication.
- ✓ **Robert M. Kliegman (2008)** “*Nelson text book of pediatrics*” 18<sup>th</sup> edition,  
Elsevier  
Publication, New Delhi.
- ✓ **Sanjoy Narula (2007)** “*Research Methodology*” 1<sup>st</sup> edition, Muralli lal and sons

Publication, New Delhi.

- ✓ **Suraj Gupta (2000)** “*The short text book of pediatrics*” 10<sup>th</sup> edition Jaypee Brother’s medical publishers, New Delhi.
- ✓ **Wong’s** “*Essential of Pediatrics*” 7<sup>th</sup> edition, Elsevier publication, New Delhi.

## **JOURNAL REFERENCE:**

- ✓ **Angela chiu, Avital Falk, John T Walkup (2015)** “*Self Concept of Physically Challenged Adolescents*” Journal of the Indian Academy of Applied Psychology,  
Vol. 32, No.1, 43-46.
- ✓ **Albert (2014)** “*Your perfect right*” San Luis Obispo, California.
- ✓ **Bernald.S(2014)** “*Anxiety, Stress and expectations of adolescents with physical disability*” Developmental Medicine & Child Neurology, 12 Nov, 97–102.
- ✓ **Ferrari AJ (2014)** “*Writing at Work- A practical guide to Handling Awkward Situation*” Mc Grew Hill, London,12-14
- ✓ **White ford HA (2014)** “*Writing activities of Disabled and Non-Disabled: A Comparative Analysis*” Journal of Alternative Perspectives in the Social Sciences  
Vol 1, No 2, 449-458
- ✓ **Christopher Hall (2013)** “*New graduate nurse psychology and retention A longitudinal survey*” International Journal of Nursing Studies 59–70.
- ✓ **Holly.E.Brisbane (2012)** “*The relaxation and anxiety reduction Workbook*”, 4<sup>th</sup> edition, New Harbinger publication, Oakland.

- ✓ **Emma,R.Campbell(2011)** “*A Writing inventory for use in assessment and research*”vol 3, 550-561
- ✓ **Erskine HE (2011)** “*Studying the Effectiveness of training the consciousness skills and emotions control on Anxiety and anger control in adolescents with a physical-motional disability*” International Research Journal of Applied and Basic Sciences , Vol 4 (6) 1336-1342.
- ✓ **Maureen Lowery (2015)** “*Writing –A Practical approach*” Winslow Press, Bicester.
- ✓ **Purim Berwick (2014)**“*Preparing for Adulthood: A Systematic Review of Life Skill Programs for Youth with Physical Disabilities*”Journal of Adolescent Health, Vol. 41, No, 323-332.
- ✓ **J.Pizarro (2014)**“*The Role of Anxiety and stress in Emotional and Behavioral Problems: Why is Anxiety dysfunctional*” Journal of Social and Clinical Psychology Vol. 14, No. 3, 297-314.
- ✓ **J.Sterner, M.Hall (2014)**”*Anxiety*”, vol 2,3<sup>rd</sup> edition, St.Martin’s Paperbacks, California.
- ✓ **JK.Kiecolt-Glaser (2014)** “*Anxiety of Children and Adolescents with Physical Disabilities: Quantitative Evidence from Meta-Analysis*” Journal of Developmental and Physical Disabilities, Vol. 18, No. 3, page no 219 -225

- ✓ **J.Wright (2013)** *“The Effect of an Writing therapy on Writing skills and Anxiety of Faculty Nursing Students”*, Journal of American Science, Vol 7(12) 1086 - 1090
- ✓ **Maningham.AJ (2012)** *“A preliminary study of strategies for reducing anxiety in adolescents with physical disabilities”* Canadian Journal of Rehabilitation, Vol 11, 103-110.
- ✓ **MO Connor, S.Nikoletti (2012)** *“physical stress and anxiety in adolescents and young adults with and without physical disability: the role of sports participation”* Scarpa Vol (4) 112-115
- ✓ **LJ Murphy, DL Mitchell (2011)** *“Reducing anxiety in Women with Physical Disabilities”* Rehabilitation Psychology, Vol 49(4), 295-302
- ✓ **JH Baikie(2010)** *“Examination of factors influencing anxiety of students at Trakya University occupational school for health services”* Nursing Forum Journal 6(1)7-11.
- ✓ **LJ Kristianson(2009)** *“Advances in psychiatric treatment”* (2005), Vol-11, page no- 338-346.

## NET REFERENCES

[www.apa.org/./develop.pdf](http://www.apa.org/./develop.pdf)

[www.cci.health.wa.gov.au/resources/...](http://www.cci.health.wa.gov.au/resources/...)

[www.jonline.org](http://www.jonline.org)

[www.mindtool.com/./writing.htm](http://www.mindtool.com/./writing.htm)

[www.ncbi.nlm.nih.gov/pubmed/15519449](http://www.ncbi.nlm.nih.gov/pubmed/15519449)

[www.psychologytoday.com/.anxiety](http://www.psychologytoday.com/.anxiety)

[www.who.int/./en/](http://www.who.int/en/)

[www.en.wikipedia.org/wiki/anxiety.](http://www.en.wikipedia.org/wiki/anxiety)

[http//.psy.utexas](http://psy.utexas)

[http;//apt.rcpsych.org.](http://apt.rcpsych.org)

[http;psy.anxiety..com](http://psy.anxiety.com)

[www.wikipedia.org.writingtherapy](http://www.wikipedia.org/writingtherapy)

[www.clinicalpsychology.com](http://www.clinicalpsychology.com)

[http;therapedia.htm](http://therapedia.htm)

## **ANNEXURE- I**

### **LETTER SEEKING PERMISSION TO CONDUCT THE STUDY**

**From**

Ms.Mani megalai. B  
M.Sc. (N) Final Year,  
Kongunadu College Of Nursing,  
Coimbatore.

**To**

The Principal,  
Amrit special school,  
Coimbatore.

Respected Madam,

**Sub: Letter seeking permission to conduct the study.**

I, Ms. Manimegalai. B final year M.sc (Nursing) Student of Kongunadu College of Nursing is conducting research project in partial fulfillment of the Tamil Nadu Dr.M.G.R. Medical University, Chennai, as a part of the requirement for the award of M.sc (Nursing) Degree.

**TOPIC: “A study to evaluate the Effectiveness of Writing therapy on Anxiety among Differently abled adolescents at a selected Special school, Coimbatore”**

I request you to kindly do the needful.

Thanking you,

**Yours faithfully,**

**(Manimegalai.B)**

**Place: Coimbatore**

**Date:**

## ANNEXURE-II

### LETTER GRANTING PERMISSION TO CONDUCT THE STUDY


**From,**

The Principal,  
Amrit Special School,  
Coimbatore.

**Sub: Permission to conduct the study in Amrit Special School,  
Coimbatore.**

With reference to the letter, it has been informed that Ms. Manimegalai.B final year M.sc Nursing Student of Kongunadu College of Nursing is allowed to conduct the study on **“Effectiveness of Writing therapy on Anxiety among Differently abled adolescents”** in our School. The staff of the Amrit special school will provide full help and co-operation in facilitating the study.

With Thanks,

  
Yours faithfully,  
**PRINCIPAL**

Place: Coimbatore

Date: 5/2/2016





**ANNEXURE - III**  
**LETTER REQUESTING OPINION AND SUGGESTIONS OF**  
**EXPERT FOR CONTENT VALIDATION OF THE RESEARCH**  
**TOOL**

From

Mani megalai. B  
Final year M.Sc (N)  
Child Health Nursing Department  
Kongunadu College of Nursing  
Coimbatore, Tamil Nadu.

To

Respected Sir/Madam,

**Subject: Requesting opinion and suggestions of experts for  
establishing content validity of the tool.**

I, **Ms. Mani megalai.B** final year M.Sc.(Nursing) student of Kongunadu College of Nursing, Coimbatore, have selected the below mentioned statement of the problem for the research study to be submitted to The Tamil Nadu Dr. M.G.R.Medical University, Chennai as partial fulfillment for the award of Master of Science in Nursing.

**Topic: “A study to evaluate the Effectiveness of Writing therapy on Anxiety among Differently abled Adolescents at a selected Special School, Coimbatore”.**

I request you to kindly validate the tools and content developed for the study and give your expert opinion and suggestions for necessary modifications

Thanking you,

**Yours Sincerely,**

**Date:**

**Place: Coimbatore**  
**(Manimegalai.B)**

**Enclosed:**

1. Certificate of validation
2. Criteria checklist for evaluation of tool
3. Tool for collection of data
4. Content on intervention

## **ANNEXURE – IV**

### **LIST OF EXPERTS**

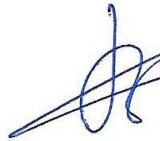
- 1. Dr. K. Selvaraj, MBBS, DPM, M.D (psych), DNP(psych)**  
Director and Professor of psychiatry,  
Valighati Mental Health Centre & Research Institute,  
Coimbatore.
- 2. Mrs. Sudha, M.Sc.(N)**  
Asst. professor, Child Health Nursing,  
Sri Ramakrishna College of Nursing,  
Coimbatore.
- 3. Mrs. Mariammal Pappu, M.Sc.(N)**  
HOD, Child Health Nursing,  
KMCH College of Nursing,  
Coimbatore.
- 4. Mrs. Vijaya Lakshmi, M.Sc.(N)**  
HOD, Child Health Nursing,  
KG College of Nursing,  
Coimbatore.
- 5. Mrs. Manimekalai.R, M.Sc.(N)**  
Professor, Child Health Nursing,  
PPG College of Nursing,  
Coimbatore.

## ANNEXURE – V

### CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Ms. B.MANIMEGALAI**, final year M.Sc.Nursing student of Kongunadu College Of Nursing, Coimbatore (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled “**A study to Evaluate the Effectiveness of Writing therapy on Anxiety among Differently abled Adolescents at a selected special school, Coimbatore**”

**Vazhikatti**  
Mental Health Centre & Research Institute  
25, Nehru Street, B.R.Puram, Opp. to Tirupur Textiles,  
Near Fun Republic Shopping Centre, Avinashi Road,  
Peelamedu, Coimbatore - 641 004.  
P: 0422-4397671 Cell: 98422 53053 www.vazhikatti.com

  
**Dr. K. Selvaraj,**  
MBBS, DPM, MD (Psych), DNB (Psych)  
Consultant Psychiatrist, Prof. of Psychiatry &  
Vazhikatti Mental Health Centre & Research  
Coimbatore - 641 004. Regd. No : 409

Signature of the Validator

Name:

Designation:

Date:

Dr. K. Selvaraj

Prof. of Psychiatry & Research

17/3/16

## CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Ms. B.MANIMEGALAI**, final year M.Sc.Nursing student of Kongunadu College Of Nursing, Coimbatore (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A study to Evaluate the Effectiveness of Writing therapy on Anxiety among Differently abled Adolescents at a selected special school, Coimbatore”**



  
19/1/16

Signature of the Validator

Name: M. SUDHA

Designation: ASST. PROFESSOR

Date: 19/1/16.

## CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Ms. B.MANIMEGALAI**, final year M.Sc.Nursing student of Kongunadu College Of Nursing, Coimbatore (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A study to Evaluate the Effectiveness of Writing therapy on Anxiety among Differently abled Adolescents at a selected special school, Coimbatore”**



*Mariammal Pappu*

Signature of the Validator

Name: *MARIAMMAL Pappu*

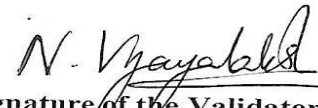
Designation: *PROFESSOR & HOD PAEDIATRIC NURSING*

Date: *05/02/2016*

## CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Ms. B.MANIMEGALAI**, final year M.Sc.Nursing student of Kongunadu College Of Nursing, Coimbatore (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A study to Evaluate the Effectiveness of Writing therapy on Anxiety among Differently abled Adolescents at a selected special school, Coimbatore”**



  
Signature of the Validator

Name: N. VIJAYALAKSHMI  
Designation: PROFESSOR  
Date: 27/1/16

## CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Ms. B.MANIMEGALAI**, final year M.Sc.Nursing student of Kongunadu College Of Nursing, Coimbatore (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled “**A study to Evaluate the Effectiveness of Writing therapy on Anxiety among Differently abled Adolescents at a selected special school, Coimbatore**”



  
Signature of the Validator

Name: *Mrs. P. Manimegalai*

Designation: *Professor*

Date: *23/11/16*

## ANNEXURE-VI

### Certificate for training



**Vazhikatti**  
**Mental Health Centre & Research Institute**  
Centre for Mental Health Emergencies, Acute Care & De-addiction  
Government Licensed Psychiatric Hospital

#### Psychiatrists:

**Dr. K. Selvaraj,**  
DPM, MD(Psych), DNB(Psych)

**Dr. A. Vasanthi,**  
MBBS, DPM

**Dr. R. Endumathi,**  
MBBS, DPM, DNB(Psych), M.Sc.(C&Pt)

**Dr. S. Nagarajan,**  
MBBS, MD(Psych)

**Dr. B. Sowmya,**  
MD(Psych), DM(Child & Adolescent Psychiatry)

#### Clinical Psychologists:

**Ms. R. Archana,**  
M.Sc.(App.Psy), M.Phil.(Cli.Psy)

**Ms. Anuradha Mahadevan,**  
M.Sc(Psy), M.Phil(Cli.Psy)

**Ms. M. Vasuki,**  
M.Sc(Psy), M.Phil(Cli.Psy)

**Mr. N. Lakshmanan,**  
M.A., M.Phil.(Cli.Psy), Ph.D

#### Counselling Psychologists:

**Mr. S. Fernando Ethelbert,**  
M.Sc.(Psy), M.Sc.(C&Pt), PG.Dip.(G&C)

**Ms. J. Anitha,**  
M.Sc.(Psy), M.Sc.(C&Pt)

**Mrs. G. Jagatheswari,**  
M.Sc.(App.Psy), M.Phil(Phy)

**Ms. R. Sreeja,**  
M.Sc.(Psy)

#### Social Workers:

**Mrs. V. Rajalakshmi,** M.A.(Soc. Work)

**Mr. J.S. Santhosh,** MSW


**Mrs. M. Thilagavathi,** MSW

#### Services:

Adult Psychiatry  
Emergency Psychiatric Service  
De-addiction  
Child & Adolescent Psychology Clinic  
Psychotherapy  
IQ Assessment  
Learning Disability Assessment  
Career Guidance Counseling  
Occupational Therapy  
Elder Mental Health Care  
Marital Counseling  
Smoking Cessation

#### TO WHOMSOEVER THIS MAY CONCERN

This is to certify that Ms. Manimegalai, studying final year, Msc.Nursing in Kongunadu college of Nursing, visited Vazhikatti Mental Health Center & Research Institute for discussions and underwent training for writing therapy related to her research topic for a week during the month of January 2016.

  
Dr. Endumathi  
Dr. (Mrs). R. ENDUMATHI,  
MBBS,DPM,DNB(Psych),M.Sc.(C&Pt),  
Consultant Psychiatrist

**Vazhikatti**  
Mental Health Centre & Research Institute  
25,Nehru Street,B.R.Puram,Opp.to Tirupur Textiles,  
Peelamedu, Coimbatore-641 004,  
Ph: 0422-4397671,9750499988 www.vazhikatti.com

#### Main Branch :

25, Nehru Street, Lane adjacent to Seenu Weigh Bridge,  
Off G.V. Residency Road, Behind Fun Republic Mall,  
Avinashi Road, Peelamedu, Coimbatore - 4.  
☎: (0422) 4397671 / 72 / 73, 📠: 98422-53053, www.vazhikatti.com

#### Tirupur Branch :

1/486/2, Boyampalayam Pirivu Road,  
Thirumurthy Nagar - 2nd Street, (Near Abirami Theatre),  
Off Perumanallur Road, Tirupur - 2.  
☎: (0421) 2481314, 📠: 99655-59063



**ANNEXURE-VII**  
**TOOL FOR THE STUDY**

**SECTION-A**  
**DEMOGRAPHIC VARIABLES OF DIFFERENTLY ABLED**  
**ADOLESCENTS**

**Sample No:** \_\_\_\_\_

**Instruction: Kindly place the tick☑ mark against the column provided.**

1) Age In Years

1.1) 13-14 Years ( )

1.2) 15-16 Years ( )

1.3) 17-19 Years ( )

2) Sex

2.1) Male ( )

2.2) Female ( )

3) Education Of Child

3.1) Primary education ( )

3.2) Secondary education ( )

3.3) Higher secondary education ( )

4) Education of Father	5) Education of Mother
4.1) Primary education	5.1) Primary education
4.2) Secondary education	5.2) Secondary education
4.3) Higher secondary education	5.3) Higher secondary education
4.4) Graduate	5.4) Graduate
4.5) No formal education	5.5) No formal education

6) Occupation of Father	7) Occupation of mother
6.1) Government employee 6.2) Private employee 6.3) Self employee 6.4) Coolie 6.5) Unemployed	7.1) Government employee 7.2) Private employee 7.3) Self employee 7.4) Homemaker

8) Place of living

8.1) Urban ( )

8.2) Rural ( )

9) Family monthly income

9.1)  $\leq$  Rs.5000/- ( )

9.2) Rs.5001/- to Rs.10000/- ( )

9.3) Above Rs.10000/- ( )

10) Birth order

10.1) First child ( )

10.2) Second child ( )

10.3) Third child or above ( )

11) Number of siblings

11.1) One ( )

11.2) Two ( )

11.3) Three or above ( )

11.4) No siblings ( )

12) Causes of defect

12.1) Congenital ( )

12.2) Accidental ( )

12.3) Any diseases ( )

13) Number of extremities affected

13.1) One leg ( )

13.2) Both legs ( )

13.3) One upper extremity ( )

14) Any member of your family is affected with differently abled?

14.1) Yes ( )

14.2) No ( )

15) Whether the child is Day scholar or Hosteller? Mention \_\_\_\_\_

## **SECTION-B**

### ZUNG SELF RATING ANXIETY SCALE (1997)

Sample No \_\_\_\_\_

Date \_\_\_\_\_

Listed below are 20 statements. Please read each one carefully and decide how much the statement describes how you have been feeling during the past week. Tick the appropriate column for each statement.

Statements	None or a little of the time	Some of the time	Good part of the time	Most or all of the time
1. I feel more nervous and anxious than usual.				
2. I feel afraid for no reason at all.				
3. I get upset easily or feel panicky.				
4. I feel like I'm falling apart and going to pieces.				
*5. I feel that everything is all right and nothing bad will happen.				
6. My arms and legs shake and tremble.				
7. I am bothered by headaches, neck and back pains.				
8. I feel weak and get tired easily.				
*9. I feel calm and can sit still easily.				
10. I can feel my heart beating fast.				
11. I am bothered by dizzy spells.				
12. I have fainting spells or feel faint.				
*13. I can breathe in and out easily.				
14. I get feelings of numbness and tingling in my fingers and toes.				
15. I am bothered by stomach aches or indigestion.				
16. I have to empty my bladder often.				
*17. My hands are usually dry and warm.				
18. My face gets hot and blushes.				
*19. I fall asleep easily and get a good night's rest.				
20. I have nightmares.				

**Scoring procedure:**

The Zung self-rating anxiety scale was rated as

Most or all of the time - 4

Good part of the time - 3

Some of the time - 2

None or a little of the time - 1

Item with \* indicates negative scoring.

**SCORE INTERPRETATION:**

LEVEL	SCORE
Normal range	20-44
Mild to moderate anxiety	45-59
Marked to severe anxiety	60-74
Extreme anxiety	75-80

**ANNEXURE-VIII**

இந்த பகுதி தனிநபர் பற்றி விபரங்களைக் கொண்டுள்ளது. தங்களைப் பற்றிய சரியான விபரங்களை தெரிவிக்க வேண்டுகிறேன். தங்களைப் பற்றிய விபரங்கள் பத்திரமாக பாதுகாக்கப்படும்.

### பிரிவு -அ

மாற்று திறனாளிகளுக்கான சமூக மற்றும் குடும்பநலக் காரணிகள் கீழ்க்கண்டவற்றுள் சரியானவற்றை ( ✓ ) செய்க

### வரையறுக்கப்பட்ட வினாத்தாள்

#### 1. வயது

1.1) 13 முதல் 14 வயது வரை ( )

1.2) 15 முதல் 16 வயது வரை ( )

1.3) 17 முதல் 19 வயது வரை ( )

#### 2. பாலினம்

2.1) ஆண் ( )

2.2) பெண் ( )

#### 3. கல்வி தகுதி

3.1) ஆரம்ப நிலை பள்ளி வகுப்பு ( )

3.2) உயர் நிலை பள்ளி வகுப்பு ( )

3.3) மேல்நிலை பள்ளி வகுப்பு ( )

#### 4. தந்தையின் கல்வி தகுதி

4.1) ஆரம்ப நிலை கல்வி ( )

4.2) இடை நிலைக் கல்வி ( )

4.3) உயர் நிலைக் கல்வி ( )

4.4) பட்டதாரி ( )

4.5) படிக்காதவர் ( )

5. தாயின் கல்வித் தகுதி

5.1) ஆரம்ப நிலை கல்வி ( )

5.2) இடை நிலைக் கல்வி ( )

5.3) உயர் நிலைக் கல்வி ( )

5.4) பட்டதாரி ( )

5.5) படிக்காதவர் ( )

6. தந்தையின் தொழில்

6.1) அரசு ஊழியர் ( )

6.2) தனியார் துறை ஊழியர் ( )

6.3) சுய தொழில் செய்பவர் ( )

6.4) கூலி தொழில் செய்பவர் ( )

6.5) வேலையில்லாதவர் ( )

7. தாயின் தொழில்

7.1) அரசு ஊழியர் ( )

7.2) தனியார் துறை ஊழியர் ( )

7.3) சுய தொழில் செய்பவர் ( )

7.4) இல்லத்தரசி ( )

8. வாழும் இடம்

8.1) நகரம் ( )

8.2) கிராமம் ( )

9.மாத வருமானம்

9.1) ரூபாய் 5000-த்திற்கும் குறைவு ( )

9.2) ரூபாய் 5000/- முதல் ரூபாய் 10000/- வரை ( )

9.3) ரூபாய் 10000-த்திற்கும் மேல் ( )

10. பிறப்பு வரிசை

10.1) முதல் குழந்தை ( )

10.2) இரண்டு குழந்தை ( )

10.3) மூன்றாவது மற்றும் அதற்குமேல் ( )

11. உடன் பிறந்தவர்களின் எண்ணிக்கை

11.1) ஒன்று ( )

11.2) இரண்டு ( )

11.3) மூன்று அல்லது அதற்கு மேல் ( )

11.4) உடன் பிறந்தவர்கள் இல்லை ( )

12. பாதிப்புக்கான காரணங்கள்



12.1) பிறப்பிலிருந்து ( )

12.2) விபத்து ( )

12.3) வேறு நோய்கள் ( )

13. பாதிக்கப்பட்ட உறுப்பு

13.1) ஒரு கால் ( )

13.2) இரண்டு கால்களும் ( )

13.3) செயல்திறன் குறைந்த கை ( )

14. உங்கள் குடும்பத்தில் வேறு யாராவது கை மற்றும் கால்கள் பாதிக்கப்பட்டுள்ளனவா?

15. வீட்டிலிருந்து வருபவரா/ விடுதியில் இருப்பவரா- ?  
குறிப்பிடுக \_\_\_\_\_

**ஐங்க்-மனபதட்டத்தை அளவிடுவதற்கான சுய மதிப்பீட்டு  
அளவுகோல்**

வ . எ ண்	மனபதட்டத்தை அளவிடுவதற்கான சுய மதிப்பீட்டு அளவுகோல்	ஒரு போதும் இல்லை	சில நேர ங்களில்	பல நேரங்க ளில்	எப்பொழு தும்
1	நான் வழக்கத்தை விட மிகவும் பதற்றமாகவும் , கவலையாகவும் உணர்கிறேன்				
2	நான் காரணமில்லாமல் பய உணர்வுடன் இருக்கிறேன்				
3.	நான் சுலபமாக நிலை குலைவதை போல் உணர்கிறேன்				
4	நான் மனதளவில் உடைந்து விடுவதை போல் உணர்கிறேன்				
5	நான் அனைத்து நிகழ்வுகளும் சரியாக நடப்பதாக உணர்கிறேன் தவறான நிகழ்வுகள் எதுவும் நடக்காமல் இருப்பது போல் உணர்கிறேன்.				
6	என் கை மற்றும் கால்கள் நடுக்கமாகவும், உதறலாகவும் இருப்பது போல் உணர்கிறேன்				
7	எனக்கு அடிக்கடி தலைவலி,கழுத்து வலி மற்றும் முதுகுவலி ஏற்படுவதாக உணர்கிறேன்				
8	நான் சுலபமாக சோர்வு மற்றும் களைப்படைவதாக உணர்கிறேன்				
9.	நான் அமைதியான மனநிலையில் இருப்பதாக உணர்கிறேன்				

10.	என் இருதயத் துடிப்பு அதிகமாக இருப்பதை போல் உணர்கிறேன்				
11	எனக்கு தலை சுற்றுவதால் கவலையாக உணர்கிறேன்				
12	எனக்கு மயக்கமடைதல் போன்ற உணர்வு ஏற்படுகிறது				
13	என்னால் சுலபமாக சுவாசிக்க முடிகிறது				
14	என் விரல்கள் மற்றும் பாதங்களில் தைப்பது போன்றும்,உணர்வற்று இருப்பது போன்றும் உணர்கிறேன்				
15	எனக்கு வயிற்று வலி ஏற்படுவதால் கவலையாக உணர்கிறேன்				
16	எனக்கு அடிக்கடி சிறுநீர் கழிக்க வேண்டும் என்று தோன்றுகிறது				
17	எனது கைகள் வறண்டும்,வெது வெதுப்பாகவும் உள்ளது				
18	என் முகம் சூடாகவும்,சிவந்தும் உள்ளதை போல் உணர்கிறேன்				
19	எனக்கு இரவு நேரத்தில் சுலபமாக தூக்கம் வருவதால் ஓய்வு கிடைப்பதைப் போல் உணர்கிறேன்				
20	எனக்கு இரவில் பயம் கலந்த கனவுகள் ஏற்படுகிறது				

## ANNEXURE-IX

# **WRITING THERAPY**

## **Introduction:**

Writing therapy was founded by Dr. Pannebaker in 1970, which helps to regulate emotions in a healthy manner. It is the healthier way to improve relationships. The writing would facilitate social interaction as well as improving positive moods and reducing tension and fatigue.

## **Definition:**

Writing therapy is a term of expressive therapy that uses the act of writing and processing the written word as therapy. Writing therapy posits that writing one's feeling gradually eases feelings of emotional trauma.

## **Benefits of writing therapy:**

- ❖ Reducing stress and anxiety level
- ❖ Improved immune system functioning
- ❖ Reduced blood pressure
- ❖ Improved lung function
- ❖ Improved liver function
- ❖ Improved mood / affect
- ❖ Feeling of greater psychological well being
- ❖ Reduced depressive symptoms before examinations
- ❖ Improved working memory
- ❖ Improved sporting performance
- ❖ Altered social and linguistic behavior

- ❖ Medical conditions that might benefit from expressive writing programmes such as Lung functioning in asthma, disease severity in rheumatoid arthritis, Pain and physical health in cancer, Immune response in HIV infection, Pain intensity in women with chronic pelvic pain, Sleep-onset latency in poor sleepers and Post-operative course

### **Goals of writing therapy:**

- ❖ Writing therapy is a therapeutic modality in which patients do just that achieve emotional catharsis by allowing their feelings to flow freely from pen to paper
- ❖ The writing can take on different forms, ranging from responses to written prompts, including poems and excerpts from literature, to simple, uninhibited expression of emotion. Writing of all kinds has been shown to be effective in reducing stress, anxiety, blood pressure and trauma related cognitions and to interfere with ruminative thoughts contributing to symptoms of anxiety and depression.

### **Purposes of writing therapy:**

- ❖ Writing therapy could potentially be a cheap and easily accessible option that would require minimal input from health care professionals.

- ❖ Improved physical symptoms and reduced healthcare utilization in people with cancer and other problems.
- ❖ Evidence regarding the efficacy of writing therapy is varied but encouraging enough to suggest a use for it in general practice.

### **Mechanism of writing therapy:**

- **Emotional catharsis:** Unlikely
- **Confronting previously inhibited emotions:**

May reduce physiological stress, resulting from inhibition, but unlikely to be

the only explanation

- **Cognitive processing:**

It is likely that the development of a coherent narrative helps to reorganize and structure traumatic memories, resulting in more adaptive internal schemas

- **Repeated exposure:**

May involve extinction of negative emotional responses to traumatic memories, but some equivocal findings

### **Techniques of writing therapy:**

1. Dig wide-dig deep exercise
2. Expressive writing
3. Answering to writing the prompt question

### **First week**

**Dig wide- dig deep exercise:**

- “Digging deep is a remarkable resource for children and adolescents living with serious illness. The simple, yet powerful, words and the vibrant images gently guide them through their experiences” by digging deep, the young people will, in fact emerge into clarity and light.
- Write lots of small memories and begin each with the words, “I remember”. Don’t be concerned if the memories happened five seconds ago or five years ago, or if they are memories about lost anyone and a vacation you one took or a kid from school.
- Don’t worry if they are happy memories or sad ones, important memories or small ones, important memories or fleeting ones. Be in the moment as you remember them and write them as quickly as you can without stopping.

**Procedure:**

1. The investigator divided the total samples into three groups in which 10 members in each group.
2. The investigator provided information to the students of which group they belongs too
3. Initially, the first group students were gathered in a class room and encouraged them to relax for a moment and sit comfortably
4. The investigator instructed the students to take pen and paper and encouraged to write dig wide – dig deep technique for one hour in

which the students were express their deepest thoughts and emotions regarding their happiest movements on their life.

5. The same technique was followed during the first 3 consecutive days.
6. After the completion of one hour, the investigator collected the papers from the students.
7. The investigator should not read the message from the papers in front of the students and also the researcher should not consider any grammar mistakes in the samples information.
8. On the same day, the same intervention was implemented to other two groups.
9. In the next 3 consecutive days the samples were instructed to write their sad movement in their life using the same technique.

### **Second week:**

#### **Expressive writing:**

Expressive writing means writing unsent letters to selected individuals. Expressive writing literally comes from our core. Expressive writing is personal and emotional writing without regard to form or other writing conventions like spelling, punctuation and verb agreement.

#### **Procedure:**

1. During this period expressive writing technique was followed.



2. All the samples in the group were given one hour to write letters to their intimate persons according to their wish.
3. The letters should not be sent to anybody.
4. The same technique was followed for 5 days

### **Third week:**

#### **Answering to writing prompt questions:**

The investigator asks to write some questions to the samples.

#### **Procedure:**

1. Answering to writing prompt questions technique was implemented.
2. The researcher had given 5 questions/day for 5 days to all the samples and the samples were written their answer in a paper and the paper was collected after 30-40 minutes

#### **First day:**

1. Write about a time you felt joy?
2. What are the great sad nesses in your life?
3. What are you jealous off?

4. Write about your strengths?
5. What are you afraid of?

**Second day:**

1. Write about your weaknesses?
2. Write about happiest moment in your life?
3. What are you depressed off?
4. Write about a time you felt irritate?
5. What are you angry off?

**Third day:**

1. Which color you likes lot? And why?
2. Which place you like to go?
3. Write about your close friend?
4. Which time you feel stress?
5. Write about your problems faced due to your disability?

**Fourth day:**

1. What is your favorite food item?
2. When you feel alone?
3. Where you like to go always? and why?
4. Who is the most favorable person in your family?
5. Write the events happened yesterday?

**Fifth day:**

1. What is your ambition?
2. Who is your role model? And write about he or she?
3. What kind of music do you like?
4. Write about your negative thoughts?
5. What is your future plan?

### **Conclusion:**

The expressive writing paradigm appears to be reasonably safe for participants. Regardless of the demonstrated benefits of expressive writing, it should not replace appropriate medical or psychological treatment in clinical populations; it should be used as an adjunct to standard treatment.

## முன்னுரை

முதன் முதலில் எழுத்துப் பயிற்சி முறையை மருத்துவர் பன்னேபேக்கர் என்பவர் 1970 ல் கண்டறிந்தார். இந்த எழுத்துப் பயிற்சி முறையானது உணர்வுகளை ஆரோக்கியமான வகையில் சீராக்க உதவுகிறது. இந்த முறையானது ஆரோக்கியமான முறையில் உறவுகளை செம்மைப்படுத்தவும், சமூகத்தில் நல்ல ஒரு நிலையில் வாழவும் உதவுகிறது. அதுமட்டுமின்றி மனிதன் நல்ல எண்ணங்களை உருவாக்கவும் மன உளைச்சலை குறைக்கவும் உதவுகிறது.

## வரையறை

எழுத்து பயிற்சி என்பது எழுத்து வடிவிலான ஒரு விதமான சிகிச்சை முறையாகும். எழுத்து பயிற்சியின் மூலம் மனிதன் தனது ஆழமான எண்ணங்களை எழுதும் போது அவனுக்கு மனரீதியான பிரச்சனைகள் குறைகிறது.

## நன்மைகள்

- மன அழுத்தம் மற்றும் மனக்கவலையை குறைக்கிறது.
- நோய் எதிர்ப்பு சக்தியை உண்டாக்குகிறது.
- இரத்த அழுத்தத்தை குறைக்கிறது.
- சுவாசத்தை சீராக்குகிறது
- தசைகளை சீராக்குகிறது.
- மன நிலை மற்றும் உணர்வுகளை சீராக்க உதவுகிறது.
- மன ரீதியாக ஆரோக்கியமான உணர்வை அளிக்கிறது.
- மனச்சோர்வை குறைக்கிறது.
- ஞாபக சக்தியை அதிகரிக்கிறது.
- விளையாட்டில் ஈடுபாட்டை அதிகரிக்கிறது
- சமூக மற்றும் மொழி சார்ந்த நடத்தைகளை முறைப்படுத்துகிறது.
- எழுத்து பயிற்சியானது ஆஸ்துமா உள்ளவர்களுக்கு மூச்சு பிரச்சனையை சரிப்படுத்தவும், மூட்டு வலி உள்ளவர்களுக்கு நோயின் கடுமையையும், புற்றுநோயினால் ஏற்படும் வலியை குறைக்கவும், எய்ட்ஸ் நோயாளிகளுக்கு நோய் எதிர்ப்பு சக்தியை அதிகரிக்கவும், நீண்ட நாள் இடுப்பு வலி உள்ள

பெண்களுக்கு வலியின் தீவிரத்தை குறைக்கவும் மற்றும் தூக்கம் சம்மந்தமான பிரச்சனைகளை குறைக்கவும் உதவுகிறது.

### **நோக்கங்கள்**

எழுத்து பயிற்சி சிகிச்சை முறையானது எழுதுகோல் மற்றும் காகிதத்தை பயன்படுத்தி மனிதன் தன் உணர்வுகளை வெளிப்படுத்தும் போது மன உளைச்சலிலிருந்து விடுபடுகிறது.

எழுத்து பயிற்சியை பலமுறைகளில் செயல்படுத்தலாம். அதாவது, கடிதம் எழுதுதல், கவிதை எழுதுதல். இதன் மூலம் மனிதனின் மன ரீதியான பிரச்சனைகள் மட்டுமல்லாமல் உடல் ரீதியான பிரச்சனைகளையும் குறைக்கிறது.

### **இயக்கும் செயலமைப்பு திட்டம்**

1. மன உளைச்சலிலிருந்து விடுபடுதல்
2. முரண்பாடான மன உணர்வுகளை தடையில்லாமல் வெளிக்கொணர்தல்.  
உடல் ரீதியாக ஏற்படும் மன அழுத்தத்தை தடைசெய்ய உதவுகிறது.
3. அறிவாற்றலுடைய செயலாக்கம்  
வாழ்க்கை தொடர்பான நிகழ்வுகளை கோர்வையாக வரையறுக்க உதவுதல்.
4. மீண்டும் மீண்டும் வெளிப்படுத்துதல்  
மீண்டும் மீண்டும் நாம் நம்முடைய உணர்வுகளை வெளிப்படுத்தும் போது எதிர்மறையான, கசப்பான மன எண்ணங்கள் குறைகிறது.

### **முறைகள்**

1. ஆழ் மனதின் உணர்வுகளை வெளிக்கொணரும் பயிற்சி
2. உணர்ச்சி விளக்கமான எழுத்து முறை
3. கேட்கப்படும் கேள்விகளுக்கு உடனடியாக பதில் எழுதுதல்  
**முதல் வாரம்**

### **ஆழ் மனதின் உணர்வுகளை வெளிக்கொணரும் பயிற்சி**

ஆழ் மனதில் உணர்வுகளை வெளிக்கொணரும் முறையானது எளிதாக, சக்தி வாய்ந், வளம்மிக்க, குறிப்பிட தக்க முறையில் குழந்தைகளையும் வளர் இளம் பருவத்தினரையும் நெறிப்படுத்துகிறது.

நம்முடைய எண்ணங்கள் மகிழ்ச்சியான எண்ணங்களோ, வருத்தமான எண்ணங்களோ, 5 நிமிடத்தில் நடந்ததோ, 5 வருடங்களுக்கு முன்பு நடந்ததோ அதுவாக இருந்தாலும் ஆழமாக சிந்தித்து எண்ணங்கள் எழுதப்படுகிறது. இதை மிகவும் விரைவாக எழுத வேண்டும்.

### செய்முறை

1. ஆராய்ச்சியாளர் தன்னுடைய ஆராய்ச்சியின் பங்கேற்பாளர்களை 3 பிரிவாக பிரித்து ஒவ்வொரு பிரிவிலும் 10 பங்கேற்பாளர்கள் வருமாறு சமமாக பிரித்தார்.
2. ஆராய்ச்சியாளர் எழுத்து முறை பயிற்சியின் நுட்பங்களை பற்றி தன்னுடைய பங்கேற்பாளர்களுக்கு தெளிவாக எடுத்துரைக்கிறார்.
3. முதலில், முதல் பிரிவில் உள்ள மாணவர்கள் வகுப்பறையில் அமர வைக்கப்பட்டு மனதை அமைதியாக்க அறிவுறுத்தப்படுகின்றனர்.
4. ஆராய்ச்சியாளர்கள் மாணவர்களை எழுதுகோல் மற்றும் காகிதங்களை எடுத்து எழுதுவதற்கு தயார் படுத்தினார். அதன் பின் ஆராய்ச்சியாளர் முதல் நுட்பத்தை அதாவது ஆழமாக எண்ணி எழுதும் பயிற்சியை பற்றி மாணவர்களுக்கு எடுத்துரைத்தார் .
5. முதல் 3 நாட்கள் மகிழ்ச்சியான நினைவுகளை எழுத அறிவுறுத்தினார்.
6. ஆராய்ச்சியாளர் மாணவர்களிடம் 1 மணி நேரம் கழித்து எழுதப்பட்ட காகிதங்களை திரும்ப பெறுகிறார்.
7. ஆராய்ச்சியாளர் மாணவர்கள் முன்பு அவர்கள் எழுதிய காகிதங்களை படிக்கவோ மற்றும் எந்த வித பிழை இருந்தாலும் பொருட்படுத்தாமல் எழுதிய தகவல்களை மிகவும் இரகசியமாக வைத்துக் கொள்கிறார்.
8. இதே வகையான பயிற்சி அதே நாளில் மற்ற 2 பிரிவுகளுக்கும் வழங்கப்படுகிறது.
9. அடுத்த 3 நாட்கள் வருத்தமான நிகழ்வுகள் எழுத வைக்கப்பட்டு இதே முறையில் தொடரப்படுகிறது

### இரண்டாவது வாரம்

#### உணர்ச்சி விளக்கமான எழுத்து முறை

உணர்ச்சி விளக்கமான எழுத்து முறை என்பது தனி மனிதருக்குரிய எண்ணங்கள் அல்லது மன ரீதியான உணர்வுகள் ஆகியவற்றை

எழுதுவதாகும். இந்தமுறையில் அனுப்பப்படாத கடிதங்களை ஒரு தனி மனிதருக்கு எழுத பங்கேற்பாளர்கள் அறிவுறுத்தப்பட்டனர்.

### செய்முறை

1. இந்த முறையில் தனக்கு விருப்பமானவர்களுக்கு கடிதங்கள் எழுத பங்கேற்பாளர்கள் அறிவுறுத்தப்பட்டனர்.
2. இந்த முறை தொடர்ந்து 5 நாட்கள் அளிக்கப்பட்டன.

### மூன்றாவது வாரம்

கேட்கப்படும் கேள்விகளுக்கு உடனடியாக பதில் எழுதுதல்

### செய்முறை

1. இந்தமுறையில் ஒரு நாளைக்கு 5 கேள்விகள் கேட்கப்பட்டன. ஒரு நாளைக்கு 5 வினாக்கள் என்ற விதத்தில் 5 நாட்களுக்கு 25 வினாக்கள் கேட்கப்பட்டன.
2. விடை எழுதப்பட்ட காகிதங்கள் 30-40 நிமிடங்களில் திரும்ப பெறப்பட்டன.

### முதல் நாள்

1. எந்ததெந்த நேரத்தில் மகிழ்ச்சியாக உணர்கிறாய் என்று எழுதுக ?
2. உன் வாழ்க்கையின் மிக வருத்தமான நினைவுகள் என்ன ?
3. நீ பொறாமை படக்கூடிய விஷயங்கள் என்ன ?
4. உன்னுடைய வலிமைகளை பற்றி எழுதுக ?
5. நீ எதற்கெல்லாம் பயப்படுவாய் ?

### இரண்டாம் நாள்

6. உன்னுடைய பலவீனங்களை பற்றி எழுதுக ?
7. உன்னுடைய வாழ்க்கையின் மகிழ்ச்சியான நிகழ்வுகளை எழுதுக ?
8. நீ எதற்கெல்லாம் மனச் சோர்வு அடைவாய் ?
9. நீ எப்பொழுதொல்லாம் எரிச்சலாக உணர்கிறாய் ?
10. நீ எதற்கொல்லாம் கோபம் அடைவாய்

### மூன்றாம் நாள்

11. எந்த நிறம் உனக்கு மிகவும் பிடிக்கும் ? ஏன் ?
12. எந்த இடத்திற்கு செல்ல ஆசைப்படுகிறாய் ?
13. உன்னுடைய நெருங்கிய நண்பனைப் பற்றி எழுதுதலும் ?
14. எந்த நேரங்களில் மன அழுத்தமாக உணர்கிறாய் ?

15. உன்னுடைய குறைபாட்டினால் நீ சந்திக்கும் பிரச்சனைகள் என்னென்ன ?

**நான்காம் நாள்**

16. உனக்கு மிகவும் பிடித்த உணவு வகை என்ன ?

17. நீ எப்பொழுது தனிமையாக உணர்கிறாய் ?

18. நீ எப்பொழுதும் எங்கு செல்ல விருப்பப்படுவாய் ஏன் ?

19. உனது குடும்பத்தில் உனக்கு மிகவும் பிடித்தமான நபர் யார் ?

20. நேற்று உனக்கு நடந்த நிகழ்வுகளைப் பற்றி எழுதுக ?

**ஐந்தாம் நாள்**

21. உன்னுடைய குறிக்கோள் என்ன ?

22. உன் வாழ்வின் முன்மாதிரி யார் ?

23. எந்தமாதிரியான இசையை நீ விரும்பி கேட்கிறாய் ?

24. உன்னுடைய எதிர்மறையான எண்ணங்களைப் பற்றி எழுதுக?

25. உன் வாழ்வின் எதிர்கால திட்டம் என்ன ?

**முடிவுரை**

இந்தமுறை எளிதான, பாதுகாப்பான சிகிச்சை முறையாகும்  
உடல்மற்றும் மன ரீதியான சிகிச்சை முறைகளுடன் எழுத்து பயிற்சி  
முறையையும் சேர்த்து அளிக்கும் பொழுது அனைவரும் பயன்பெறுகின்றனர்.




## **ANNEXURE - X**

### **CERTIFICATE OF EDITING**

#### **TO WHOMSOEVER IT MAY CONCERN**

Certify that the dissertation paper titled **“A study to Evaluate the Effectiveness of Writing therapy on Anxiety among Differently abled Adolescents at selected Special School, Coimbatore** by Ms. Manimegalai.B, It has been checked for accuracy and correctness of English language used in presenting the paper is lucid, unambiguous free of grammatical or spelling errors and apt for the purpose.

  
Signature with date  
**HEADMASTER**  
Corporation Higher Secondary School  
Rathinapuri, Coimbatore - 641 027

**ANNEXURE-XI**  
**CERTIFICATE OF EDITING**

**TO WHOMSOEVER IT MAY CONCERN**

Certify that the dissertation paper titled **“A study to Evaluate the Effectiveness of Writing therapy on Anxiety among Differently abled Adolescents at selected Special School, Coimbatore** by Ms. Manimegalai.B. It has been checked for accuracy and correctness of Tamil language used in presenting the paper is lucid, unambiguous free of grammatical or spelling errors and apt for the purpose.

**ANNEXURE - XII**

Investigator Providing Writing  
Therapy

*K. Kaleswari*  
Signature with date 13.7.16  
HEADMASTER  
Corporation Higher Secondary School  
Rathinapuri, Coimbatore - 641 027.



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